

<i>SERFF Tracking Number:</i>	<i>GLIN-125616428</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gerber Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39509</i>
<i>Company Tracking Number:</i>	<i>GL-BA-08-P</i>		
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.000 Health - Blanket Accident/Sickness</i>
<i>Product Name:</i>	<i>Special Risk Blanket Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>Special Risk Blanket Insurance Policy/GL-BA-08-P</i>		

Filing at a Glance

Company: Gerber Life Insurance Company

Product Name: Special Risk Blanket Insurance Policy
 SERFF Tr Num: GLIN-125616428 State: ArkansasLH

TOI: H04 Health - Blanket Accident/Sickness	SERFF Status: Closed	State Tr Num: 39509
Sub-TOI: H04.000 Health - Blanket Accident/Sickness	Co Tr Num: GL-BA-08-P	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Rosalind Minor
	Author: Shana Beckford	Disposition Date: 07/07/2008
	Date Submitted: 07/02/2008	Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Special Risk Blanket Insurance Policy
 Project Number: GL-BA-08-P
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Filing Status Changed: 07/07/2008
 State Status Changed: 07/07/2008
 Corresponding Filing Tracking Number:
 Filing Description:
 See Cover Letter.

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments:
 Market Type: Group
 Group Market Size: Small and Large
 Group Market Type: Blanket

Deemer Date:

Company and Contact

Filing Contact Information

SERFF Tracking Number: *GLIN-125616428* *State:* *Arkansas*
Filing Company: *Gerber Life Insurance Company* *State Tracking Number:* *39509*
Company Tracking Number: *GL-BA-08-P*
TOI: *H04 Health - Blanket Accident/Sickness* *Sub-TOI:* *H04.000 Health - Blanket Accident/Sickness*
Product Name: *Special Risk Blanket Insurance Policy*
Project Name/Number: *Special Risk Blanket Insurance Policy/GL-BA-08-P*

Ellen Rosenberg, Compliance Manager ellen.rosenberg@gerber.com
1311 Mamaroneck Avenue (914) 272-4000 [Phone]
White Plains, NY 10605 (914) 272-4099[FAX]

Filing Company Information

Gerber Life Insurance Company	CoCode: 70939	State of Domicile: New York
1311 Mamaroneck Avenue	Group Code:	Company Type: Life and Health Insurance
White Plains, NY 10605	Group Name:	State ID Number:
(914) 272-4000 ext. [Phone]	FEIN Number: 13-2611847	

SERFF Tracking Number: GLIN-125616428 State: Arkansas
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TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Special Risk Blanket Insurance Policy
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gerber Life Insurance Company	\$50.00	07/02/2008	21218539

SERFF Tracking Number:	GLIN-125616428	State:	Arkansas
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Product Name:	Special Risk Blanket Insurance Policy		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/07/2008	07/07/2008

<i>SERFF Tracking Number:</i>	<i>GLIN-125616428</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 07/07/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GLIN-125616428 State: Arkansas

Filing Company: Gerber Life Insurance Company State Tracking Number: 39509

Company Tracking Number: GL-BA-08-P

TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness

Product Name: Special Risk Blanket Insurance Policy

Project Name/Number: Special Risk Blanket Insurance Policy/GL-BA-08-P

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	Yes
Supporting Document	Annotated Variable Pages	Approved-Closed	Yes
Supporting Document	Readability Certification	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Form	Application for Blanket Accident & Sickness Insurance	Approved-Closed	Yes
Form	Endorsement	Approved-Closed	Yes
Form	Special Risk Blanket Insurance Policy	Approved-Closed	Yes
Form	Additional Weekly Disability Benefit Rider	Approved-Closed	Yes
Form	Auxiliary Memeber Benefit Rider	Approved-Closed	Yes
Form	Career Personnel Rider	Approved-Closed	Yes
Form	Full Auxiliary Member Benefit Rider	Approved-Closed	Yes
Form	Municipality Benefit Rider	Approved-Closed	Yes
Form	Organized Team Sports Benefit Rider	Approved-Closed	Yes
Form	Weekly Hospital Indemnity Benefit Rider	Approved-Closed	Yes
Form	Schedule of Policyholders	Approved-Closed	Yes
Rate	Rate Manual	Approved-Closed	Yes
Rate	Rate Schedule	Approved-Closed	Yes

SERFF Tracking Number: GLIN-125616428 State: Arkansas

Filing Company: Gerber Life Insurance Company State Tracking Number: 39509

Company Tracking Number: GL-BA-08-P

TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness

Product Name: Special Risk Blanket Insurance Policy

Project Name/Number: Special Risk Blanket Insurance Policy/GL-BA-08-P

Form Schedule

Lead Form Number: GL-BA-08-P

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	GL-BA-08-APP-G	Application/ Enrollment Blanket Accident & Sickness Insurance Form	Initial		0	AH App Multistate.pdf
Approved-Closed	GL-BA-08-END	Policy/Cont Endorsement ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		45	GL-BA-08-END.pdf
Approved-Closed	GL-BA-08-P	Policy/Cont Special Risk Blanket ract/Fratern Insurance Policy al Certificate	Initial		45	GL-BA-08-P Final.pdf
Approved-Closed	GL-BA-08-AWDB-R	Policy/Cont Addtional Weekly ract/Fratern Disability Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		47	GL-BA-08-AWDB-R.pdf
Approved-Closed	GL-BA-08-AMB-R	Policy/Cont Auxiliary Memeber ract/Fratern Benefit Rider al Certificate: Amendmen t, Insert Page,	Initial		50	GL-BA-08-AMB-R.pdf

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Filing Company: Gerber Life Insurance Company State Tracking Number: 39509
Company Tracking Number: GL-BA-08-P
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Special Risk Blanket Insurance Policy
Project Name/Number: Special Risk Blanket Insurance Policy/GL-BA-08-P

Endorsement or Rider

Approved-Closed	GL-BA-08-CP-R	Policy/Cont Career Personnel ract/Fratern Rider al Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	45	GL-BA-08-CP-R.pdf
Approved-Closed	GL-BA-08-FAMB-R	Policy/Cont Full Auxiliary ract/Fratern Member Benefit al Rider Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	53	GL-BA-08-FAMB-R.pdf
Approved-Closed	GL-BA-08-MB-R	Policy/Cont Municipality Benefit ract/Fratern Rider al Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	46	GL-BA-08-MB-R.pdf
Approved-Closed	GL-BA-OTSB-R	Policy/Cont Organized Team ract/Fratern Sports Benefit Rider al Certificate: Amendment, Insert Page, Endorsement or Rider	Initial	49	GL-BA-08-OTSB-R.pdf

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<i>Product Name:</i>	<i>Special Risk Blanket Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>Special Risk Blanket Insurance Policy/GL-BA-08-P</i>		

Approved- Closed	GL-BA-08- WHIB-R	Policy/Cont Weekly Hospital ract/Fratern Indemnity Benefit al Rider Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial	53	GL-BA-08- WHIB-R.pdf
Approved- Closed	GL-BA-08- SOP	Other Schedule of Policyholders	Initial	52	GL-BA-08- SOP.pdf

**Application for
Accident & Sickness Insurance
Proposals are Valid for 45 Days**

**Administrator Logo, Name, and
Address
Telephone Number/Fax Number**

GENERAL INFORMATION

Date of Survey: ____ / ____ / ____

Policy Anniversary Date: ____ / ____ / ____

Legal Name of Organization: _____
(please include all organizations that are to be included as insureds)

FEIN: _____

Mailing Address: _____

County: _____

Telephone: _____

Fax: _____

Contact Name: _____

Contact Title: _____

Website Address: _____

E-Mail Address: _____

BUSINESS INFORMATION

Which best describes the organization (please check one):

☐ Fire Suppression only (no EMS)

☐ Rescue/EMS Squad or Ambulance Squad

☐ Fire and Rescue/EMS

☐ Other (please describe): _____

The organization is a (please check one):

☐ Tax District

☐ Municipal, Village or Town Department

☐ Independent Non-Profit Organization

☐ Other (please describe): _____

If a municipal, village or town department, is the organization a separate legal entity?

☐ Yes

☐ No

Years in Operation: _____

INSURANCE BROKER INFORMATION

Producer: _____

CSR or other contact: _____

Name of Agency: _____

Address: _____

Agency telephone: _____

Agency fax: _____

Agency e-mail address: _____

Do you currently write the account?

☐ Yes

☐ No

If so, for how long? _____

With what carrier? _____

Is the account Sub-Brokered?

☐ Yes

☐ No

If yes, please indicate Agency Name? _____

OPERATIONS INFORMATION

Total Population Served on a First Call Basis: _____

Total number of emergency responses (excluding Mutual Aid) in the past twelve months
(please attach a call-log if available):

Total Fire _____ Total Rescue _____ Total EMS _____

Does the organization service a major highway? ☐ Yes ☐ No

If yes, approximately how many rescue calls can be attributed to this service? _____

Does the organization service a resort area? ☐ Yes ☐ No

If yes, approximately how much does the population increase during peak season? _____

Total number of Volunteers, including Junior Members and Auxiliary Members: _____

Are all Volunteers currently covered by Workers Compensation Insurance? ☐ Yes ☐ No

Total number of Career (Paid) Personnel: _____

Are all Career (Paid) Personnel currently covered by Workers Compensation Insurance? ☐ Yes ☐ No

Does the organization have a designated safety officer? ☐ Yes _____ ☐ No
(name)

Does the organization have a safety committee? ☐ Yes ☐ No

Does the organization require a minimum of 8 hours of safety training annually? ☐ Yes ☐ No

Does the organization require annual physicals for its members? ☐ Yes ☐ No

Does the organization have organized health and wellness initiatives (i.e. fitness program)? ☐ Yes ☐ No

Does the organization have and enforce a seatbelt policy? ☐ Yes ☐ No

Does the organization have an organized driver training program? ☐ Yes ☐ No

Does the organization utilize an incident command system on every call? ☐ Yes ☐ No ☐ N/A

Does the organization require annual mask fit tests? ☐ Yes ☐ No ☐ N/A

Are all officers at least NIMS 200 certified? ☐ Yes ☐ No ☐ N/A

Are all firefighters at least firefighter level 1 trained? ☐ Yes ☐ No ☐ N/A

Does the organization have annual blood-borne pathogen training requirements? ☐ Yes ☐ No ☐ N/A

Does the organization have a policy and enforce the use of universal precautions? ☐ Yes ☐ No ☐ N/A

Does the organization have a safe lifting training program? ☐ Yes ☐ No ☐ N/A

Does the organization have power cots? ☐ Yes ☐ No ☐ N/A

Does the organization hold any special events? ☐ Yes ☐ No

If yes, please describe: _____

ACCIDENT & SICKNESS PROGRAM BENEFITS

Core Benefits	Select the Benefit Limits to be Included (choose one in each category)						
	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3	<input type="checkbox"/> Plan 4	<input type="checkbox"/> Plan 5	<input type="checkbox"/> Plan 6	<input type="checkbox"/> Plan 7
Accidental Death & Dismemberment	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000
Sickness Death Benefit	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000
Permanent Physical Impairment	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000
Burn Disfigurement Benefit	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000
HIV Benefit	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000
Family Expense Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Family Education Benefit	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Blanket Medical Expense	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$150,000						
Weekly Disability Benefit (Week 1- 4 / Week 5 +)	<input type="checkbox"/> \$100/\$200 <input type="checkbox"/> \$200/\$400 <input type="checkbox"/> \$300/\$600 <input type="checkbox"/> \$400/\$800 <input type="checkbox"/> \$500/\$1,000 <input type="checkbox"/> \$600/\$1,200						
Accidental Death & Dismemberment 24-Hour Coverage	<input type="checkbox"/> \$10,000						
Athletics & Special Events – Injury Only	Medical Expense <input type="checkbox"/> \$1,000 Total Disability – Per Week <input type="checkbox"/> \$100 <input type="checkbox"/> \$200						

Additional Core Benefits (included with limits selected above)

Additional Seatbelt Benefit – Injury Only	25% of Principal Sum
Post-Traumatic Stress Disorder	\$1,000
Family Expense Benefit	\$10,000
Family Education Benefit	\$5,000
Plastic Surgery	\$10,000
Preventive Inoculations	\$10,000
HIV Infection Prevention	\$3,500
Physical Assault Benefit – Injury Only	25% of Principal Sum
Day Care Expense Benefit	up to \$30 per day for up to 26 weeks
Permanent Physical Impairment Education Benefit	35% of Permanent Physical Impairment Benefit, not to exceed \$20,000
Continuation of Coverage – Injury Only	up to \$500 per month for 18 months, not to exceed \$6,000

ACCIDENT & SICKNESS PROGRAM BENEFITS (continued)

Optional Benefit Riders (select the optional benefits to be included)

Career Personnel Rider (Career Personnel will receive same benefits selected for Volunteers):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Full Auxiliary Rider* (Auxiliary Members will receive same benefits selected for Volunteers):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Auxiliary Member Benefit Rider*:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If Yes, how much?	AD&D Benefit <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000 Medical Expense <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 Weekly Disability <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200 <input type="checkbox"/> \$250 <input type="checkbox"/> \$300		
Weekly Hospital Indemnity Rider (per week for up to 104 weeks):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If Yes, how much per week?	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$300 <input type="checkbox"/> \$400 <input type="checkbox"/> \$500 <input type="checkbox"/> \$600		
Additional Weekly Disability Rider (applies to 1 st week only):		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If Yes, how much?	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$300 <input type="checkbox"/> \$400 <input type="checkbox"/> \$500 <input type="checkbox"/> \$600		
Organized Team Sports Rider:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If Yes, provide the following:			
Number of Members	Softball/Baseball: _____	Bowling/Golf: _____	
AD&D Benefit	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000	
Medical Expense	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000 <input type="checkbox"/> \$25,000	
Medical Expense Deductible	<input type="checkbox"/> \$50 <input type="checkbox"/> \$100		
Weekly Disability	<input type="checkbox"/> \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$300 <input type="checkbox"/> \$400 <input type="checkbox"/> \$500 <input type="checkbox"/> \$600		
Elimination period	<input type="checkbox"/> none <input type="checkbox"/> 7 days		
Duration of Benefit	<input type="checkbox"/> 26 weeks <input type="checkbox"/> 52 weeks		

* Note: The Auxiliary Member Benefit Rider and the Full Auxiliary Rider are mutually exclusive. Either one may be included, but not both.

STATE FRAUD STATEMENTS

<u>Arkansas</u>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<u>DC</u>	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
<u>Florida</u>	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
<u>Kentucky</u>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
<u>Louisiana</u>	Any Person Who Knowingly Presents A False Or Fraudulent Claim For Payment Of A Loss Or Benefit Or Knowingly Presents False Information In An Application For Insurance Is Guilty Of A Crime And May Be Subject To Fines And Confinement In Prison.
<u>Maine</u>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
<u>Maryland</u>	Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<u>New Jersey</u>	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. NJFD
<u>New Mexico</u>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<u>Ohio</u>	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
<u>Pennsylvania</u>	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
<u>Tennessee</u>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<u>Washington</u>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

APPLICANT'S SIGNATURE

THE UNDERSIGNED REPRESENTS THAT HE/SHE HAS MADE A GOOD FAITH EFFORT TO ASCERTAIN COMPLETE AND ACCURATE ANSWERS TO THE QUESTIONS SET FORTH IN THIS SURVEY AND THAT THE INFORMATION PROVIDED IN THIS SURVEY, INCLUDING ANY ATTACHMENTS, IS TRUE AND ACCURATE AND COMPLETE TO THE BEST OF HIS KNOWLEDGE AND BELIEF.

Applicant's Signature: _____ Date: _____

Name and title (please print): _____

Insurance Broker's Signature _____ Date: _____

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605]

Name of Policyholder: [ABC Widget, Emergency Services]
Additional Policyholder(s): [ABC Widget, Fire Rescue]


Policy Number: [123456]	Effective Date: [February 1, 2006]	Rider Number: [123456]
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ENDORSEMENT

This endorsement is attached to and made a part of the **Policy**. This endorsement ends concurrently with the **Policy** to which it is attached. This endorsement is subject to all of the terms, definitions, provisions, limitations and exceptions of the **Policy**, except where changed by the endorsement. If there is a conflict between the **Policy** and this endorsement, the terms of this endorsement will govern.

[POLICY CHANGE -
Change of Policyholder(s) name(s)
Change of address
Addition of coverage or rider
Deletion of coverage or rider
Increase in benefit limit(s)
Decrease in benefit limit(s)]

SIGNED FOR GERBER LIFE INSURANCE COMPANY

[]

[President and CEO]

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605]

Name of Policyholder: [ABC Widget, Emergency Services]

Additional Policyholder(s): [ABC Widget, Fire Rescue]

Policy Number:
[123456]

Policy Effective Date:
[February 1, 2006]

Policy Expiration Date:
[February 1, 2007]

SPECIAL RISK BLANKET INSURANCE POLICY

In this **Policy**, **We**, **Our** or **Us** refer to the Gerber Life Insurance Company. All other words that appear in bold type have special meanings and are defined in the definitions section of this policy.

This **Policy** is issued in consideration of the application made by the **Policyholder**, attached to and made part of this **Policy**. Coverage under the **Policy** is provided in consideration of the payment of the required premium when due. It is a legal contract between the **Policyholder** named in the application and **Us** to insure certain members of the **Policyholder(s)** shown in the schedule for covered loss, subject to its provisions, exclusions, and conditions. The covered member is the **Insured Person**.

Policy Term - Effective and Termination Dates

Coverage will begin on the later of the following dates:

- (1) the **Policy Effective Date**, or;
- (2) the date he becomes an **Insured Person** as defined.

Coverage will end at the earlier of:

- (1) the **Policy Expiration Date**, or;
- (2) the date he no longer meets the definition of **Insured Person**.

The **Policy** may be terminated by the **Policyholder** or **Us** at any time after the first **Policy Term** shown in the schedule. All periods of insurance under this **Policy** will begin and end at 12:01 a.m. Standard Time at the location of the **Policyholder**. Termination will not affect a covered loss that commences while this **Policy** is in force.

Renewal

Subject to the **Policy Term – Effective Date and Termination** provision, the **Policy** may be renewed by **Us** for additional consecutive **Policy Terms** upon payment of the premium in effect at the time of such renewal. If the **Policy** is not renewed, insurance will stop as of the date the last **Policy Term** ends.

Premiums

Premiums are payable at payment intervals agreed to by **Us** and the **Policyholder**. Premiums are due on the first day of each payment interval and must be paid to **Us** or to any agent designated by **Us** to accept premiums.

SIGNED FOR GERBER LIFE INSURANCE COMPANY



[President and CEO]



[Secretary]

TABLE OF CONTENTS

Schedule		P-3
Definitions		P-5
Exclusions		P-8
Policy Provisions		P-8
Description of Benefits		
<input type="checkbox"/> Part I	Indemnity Benefits	P-12
<input type="checkbox"/> Part II	Permanent Physical Impairment Benefit – Injury Only	P-14
<input type="checkbox"/> Part III	Cosmetic Burn Disfigurement Benefit – Injury Only	P-15
<input type="checkbox"/> Part IV	Medical Expense Benefits – Injury Only	P-16
<input type="checkbox"/> Part V	Medical Expense Benefits – Sickness only	P-16
<input type="checkbox"/> Part VI	Weekly Disability Benefit – Injury Only	P-17
<input type="checkbox"/> Part VII	Weekly Disability Benefit – Sickness Only	P-18
<input type="checkbox"/> Part VIII	Family Expense Benefit	P-19
<input type="checkbox"/> Part IX	Family Education Benefit	P-19
<input type="checkbox"/> Part X	Athletics and Special Events Benefits	P-20
<input type="checkbox"/> Part XI	HIV Benefit	P-21
<input type="checkbox"/> Part XII	Physical Assault Benefit	P-22
<input type="checkbox"/> Part XIII	Day Care Expense Benefit	P-22
<input type="checkbox"/> Part XIV	Permanent Physical Impairment Education Benefit	P-23
<input type="checkbox"/> Part XV	Continuation of Coverage Benefit	P-23
<input type="checkbox"/> Part XVI	AD&D Benefit – Injury Only (24-Hour coverage)	P-23
Optional Benefits	Attached to Policy if selected	

(The Insured Person's benefits are checked above and checked on the Schedule).

SCHEDULE

Policyholder: [ABC Widget, Emergency Services]

Policy Number: [123456]

Additional Policyholder(s): [example]

Premium: [example]

Address: []

Policy Term: from: [] to: []

The Policy provides only those benefits shown below that are checked and have a specified amount entered opposite the name of the benefit. Benefits not included are followed by an entry of the word "nil".

BENEFITS

AMOUNT OF INSURANCE

☐ **Part I – Indemnity Benefits**

- A. Accidental Death, Dismemberment, Loss of Sight, Speech or Hearing – Injury Only
- B. Additional Loss of Life – Sickness Only
- C. Additional Seat Belt Benefit – Injury Only
- D. Post Traumatic Stress Disorder

Principal Sum	\$(250,000)
Principal Sum	\$(250,000)
Maximum	\$(62,500)
Maximum	\$(1,000)

☐ **Part II – Permanent Physical Impairment Benefit – Injury Only**

Principal Sum \$[250,000]

☐ **Part III –Cosmetic Burn Disfigurement Benefit – Injury Only**

Principal Sum \$[250,000]

☐ **Part IV – Medical Expense Benefits – Injury Only**

- A. Medical Expense
B. Plastic Surgery

Maximum	\$[150,000]
Maximum	\$[10,000]

☐ **Part V – Medical Expense Benefits – Sickness Only**

- A. Medical Expense
B. Preventive Inoculations

Maximum	\$[150,000]
Maximum	\$[10,000]

☐ **Part VI – Weekly Disability Benefit – Injury Only**

- A. Total Disability
B. Partial Disability

Per Week	\$[600]
Per Week	\$[600]

☐ **Part VII – Weekly Disability Benefit – Sickness Only**

- A. Total Disability
B. Partial Disability

Per Week	[\$600]
Per Week	[\$600]

☐ **Part VIII – Family Expense Benefit – Injury or Sickness**

Maximum \$[10,000]

☐ **Part IX – Family Education Benefit – Injury or Sickness**

- A. Dependent Child
B. Surviving Spouse
C. Other

Maximum	\$(5,000)
Maximum	\$(5,000)
Maximum	\$(1,000)

BENEFITS**AMOUNT OF INSURANCE**☐ **Part X – Athletic and Special Events Benefits – Injury Only**

A. Medical Expense	Maximum	[\$1,000]
B. Total Disability	Per Week	[\$200]

☐ **Part XI – HIV Benefit**

A. HIV Lump Sum	Maximum	[\$250,000]
B. HIV Infection Prevention	Maximum	[\$3,500]

☐ **Part XII – Physical Assault Benefit – Injury Only**

A. Supplemental Benefits for Part(s) I, II, or III	Maximum	[\$62,500]
B. Supplemental Benefits for Part(s) VI or VII	Maximum	[\$62,500]

<input type="checkbox"/> Part XIII – Day Care Expense Benefit – Injury or Sickness	Household Maximum (per Day)	[\$30]
	Up to a Maximum of	26 Weeks

☐ **Part XIV – Permanent Physical Impairment Education Benefit – Injury Only**

35% of Permanent Physical Impairment Benefit – Maximum	[\$20,000]
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☐ **Part XV – Continuation of Coverage Benefit – Injury Only**

Per Month	[\$500]
Maximum	[\$6,000]

☐ **Part XVI – Accidental Death and Dismemberment Benefit – Injury Only (24-Hour Coverage)**

A. Loss of Life	Principal Sum	[\$10,000]
B. Dismemberment Loss as listed under Part I 'A' Description of Benefits	We will pay the % listed of the Principal Sum payable for Loss of Life under this Part XVI Maximum \$[10,000]	

RIDER FORMS ATTACHED AT ISSUANCE:

Riders attached to this Policy will provide the coverage described in the Rider at the benefit levels shown in the Rider.

- ☐ Additional Weekly Disability Benefit Rider
- ☐ Auxiliary Member Benefit Rider
- ☐ Career Personnel Rider
- ☐ Full Auxiliary Member Benefit Rider
- ☐ Municipality Benefit Rider
- ☐ Organized Team Sports Benefit Rider
- ☐ Weekly Hospital Indemnity Benefit Rider

HOW BENEFITS ARE PAID:

- ☐ If **"Primary"**, **We** will pay covered medical expenses incurred by an **Insured Person** on a primary basis without regard to benefits that may be paid or payable under any **Other Valid and Collectible Insurance**.
- ☐ If **"Excess"**, **We** will not pay covered medical expenses incurred by an **Insured Person** that are paid or payable under any **Other Valid and Collectible Insurance**.

DEFINITIONS

Athletic Games, Contests or Special Events - means any athletic game, contest or special event that: (1) the **Policyholder** has organized, sanctioned or approved of; and (2) is not part of a regularly scheduled activity of an organized league, nor sponsored by an organized league. However, **Athletic Games, Contests or Special Events** does not include football (tackle, touch or flag), ice hockey, field hockey, lacrosse, soccer, wrestling or boxing.

Average Weekly Wage - means the **Insured Person's** average personal income per week based upon the greater of the following: (1) the amount shown for "wages, salaries, tips, etc." on the **Insured Person's** U.S. Individual Income Tax Return for the calendar year immediately preceding the year in which the loss occurred; (2) the wages or income earned by the **Insured Person** in the 12 months immediately preceding the loss; (3) the wages or income earned by the **Insured Person** in the 3 months preceding the loss; or (4) if self-employed, the amount shown as Business Income (Schedule C), Supplemental Income (Schedule E), and/or Farm Income (Schedule F), excluding rental income, investment income, or other passive income, on the **Insured Person's** U.S. Individual Income Tax Return for the calendar year immediately preceding the year in which the loss occurred.

Cardiac Malfunction – means a sudden and serious malfunction of the heart or circulatory system caused by and directly resulting from participation in a **Covered Activity** while coverage is in force under the **Policy**. Such malfunctions shall include those commonly diagnosed as myocardial infarction, cardiac arrest, coronary thrombosis and cerebral vascular accident (e.g. stroke or aneurysm.) **Cardiac Malfunction** does not include conditions such as hypertension or angina.

Covered Activity - means participation in, including travel directly to and from, any activity that is: (a) a normal duty of an **Insured Person** for the **Policyholder**; and (b) performed at the direction or with the knowledge of an officer of the **Policyholder**, or (c) at the scene of an emergency requiring immediate action not on behalf of the **Policyholder**. Such activity includes but is not limited to:

- (1) fire suppression or an emergency response;
- (2) rescue or emergency medical activity;
- (3) training exercise;
- (4) fund raising including athletic activities, however, covered athletic activities are limited to those performed for the sole purpose of fund-raising for the **Policyholder**;
- (5) a drill, parade, conference, convention, meeting, or dinner; or
- (6) a firematic event or contest, or other competitive or non-competitive training school or program.

Dependent Child - means an unmarried child who is dependent upon the **Insured Person** as of the date of the **Insured Person's** death for at least 50% of his support and maintenance.

Home Health Care - means nursing or similar medical services provided to an **Insured Person** in his place of residence. **Home Health Care** must be: (1) performed by a **Home Health Care Practitioner**; (2) in lieu of confinement in a **Hospital** or nursing facility; and (3) required by the attending **Physician**. Such attending **Physician's** orders must be written and include a plan of care which must be reviewed and approved by the **Physician** on an ongoing basis.

Home Health Care Practitioner - means a nurse, medical social worker, home health aide, physical therapist, or other medical practitioner. However, no provider will be considered a **Home Health Care Practitioner** unless such practitioner is: (1) duly licensed and/or certified in compliance with all applicable laws and regulations to provide the care received; and (2) not an **Insured Person** or an **Immediate Family** member.

Hospital - means a facility that: (1) is operated according to law for the care and treatment of injured and sick persons; (2) has organized facilities for diagnosis and surgery; (3) has 24-hour nursing service by registered nurses (R.N.); (4) is supervised by one or more **Physicians**; and (5) is not primarily a rest home, nursing home, convalescent home, hospice, long term care facility or home for the aged.

DEFINITIONS (continued)

Immediate Family - means any person who is related to the **Insured Person** as spouse, parent, brother, sister, child, or any person living at the time of loss in the **Insured Person's** household.

Injury - means accidental bodily injury sustained during and resulting from a **Covered Activity** while coverage is in force that directly and independently causes a loss to the **Insured Person**. Injury does not include: (1) **Sickness**; (2) **Cardiac Malfunction**; nor (3) bodily injury triggered by or related to any known or previously diagnosed pre-existing heart or circulatory condition.

Institution of Higher Learning - includes but is not limited to, any state university, private college, professional or trade school

Insured Person - means any officially designated member in good standing of the **Policyholder**, including: (1) volunteer members or volunteer members who receive nominal fees as retainers; (2) any registered junior member; (3) any director, commissioner, trustee, board member, officer of the board, or holder of a similar position; (4) part time employees with no more than 1,300 hours annually and (5) any bystander deputized by an official of the **Policyholder** at the scene of an emergency to assist at the emergency, but only until the emergency ends. An **Insured Person** does not include a paid employee of the **Policyholder** who works more than 1,300 hours annually for the **Policyholder** and who is acting within the scope of his employment.

Intoxication – means the **Insured Person** is intoxicated by the use of alcohol or the illegal use of drugs as defined by the applicable state Motor Vehicle statutes in the state where the **Injury** occurred.

Maximum Medical Improvement – means the point where an **Insured Person's** condition will no longer improve by treatment or time.

Other Valid and Collectible Insurance - means any: (1) group plan, program, or insurance policy; (2) union welfare plans or group employer or employee benefit programs; or (3) any no-fault automobile insurance plan, or similar law. **Other Valid and Collectible Insurance** does not include any individual disability insurance an **Insured Person** may have, nor any benefits paid or payable under any Workers Compensation law or similar law, nor benefits paid or payable by the U.S. Social Security Administration.

Partial Disability, Partially Disabled - means an **Insured Person's** inability to do one or more, but not all, of the material and substantial duties of his **Regular Occupation**. The **Insured Person** must be under the regular care of a **Physician** during **Partial Disability**.

Policyholder – means a non-profit emergency service organization who elects coverage under the **Policy** and pays the required premium. Coverage under the **Policy** will become effective on the **Effective Date** designated by **Us**, subject to the payment of the required premium.

Period of Eligibility - means a period of time from the date the **Insured Person** receives notice from **Us** by certified mail of the right to claim a benefit under the **Permanent Physical Impairment Benefit** to: (1) 90 days after receipt of notice from **Us**, or (2) 260 weeks from the date of the **Injury** that caused the **Permanent Physical Impairment**, whichever is sooner.

Permanent Physical Impairment - means a medical condition that is a physical or functional abnormality or loss, that remains after **Maximum Medical Improvement** has been achieved, and that is considered stable or non-progressive by the **Physician** at the time an evaluation is made.

DEFINITIONS (continued)

Physician - means a person who is licensed by the laws of the jurisdiction in which treatment is given and who is qualified to provide the medical treatment within the scope of his license. **Physician** does not include the **Insured Person**, **Immediate Family**, a physical therapist, or an intern.

Policy – means the contract issued to the **Policyholder** named in the **Policy** application.

Post-traumatic Stress Disorder – means (1) recurrent and intrusive distressing recollections of the traumatic event; (2) recurrent distressing dreams of the traumatic event; (3) suddenly acting or feeling the traumatic event is recurring; or (4) intense psychological distress at exposure to events that symbolize or resemble an aspect of the traumatic event.

Reasonable and Customary Expense - means an expense that: (1) is charged for treatment, supplies or medical services medically necessary to treat the **Insured Person's** condition; (2) does not exceed the usual level of charges for similar treatment, supplies or medical services in the locality where the expense is incurred; and (3) does not include charges that would not have been made if no insurance existed.

Registered Junior Member – means a member of the Policyholder's junior member organization by whatever name called.

Regular Occupation – means the full or part-time gainful employment of the **Insured Person** at the time of **Injury**. Should the **Insured Person** not be gainfully employed at the time of **Injury**, **Regular Occupation** means the **Insured Person's** normal lifestyle he could engage in at the time of **Injury**. **Regular Occupation** in no way relates to the **Insured Person's** duties or responsibilities as a volunteer for the **Policyholder**.

Schedule - means the **Schedule** of benefits attached to this Policy.

Sickness - means any disease, illness, or infection caused by and directly resulting from the **Insured Person's** participation in a **Covered Activity** while coverage is in force under the **Policy**. **Sickness** includes **Cardiac Malfunction**. **Sickness** does not include Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or any AIDS-related disease, illness, infection, or debility.

Surviving Spouse - means the legal spouse of the **Insured Person** as of the date of the **Insured Person's** death according to the laws of the state in which the **Insured Person** resides on the date of death. Surviving Spouse includes persons with civil unions and domestic partnerships, where applicable.

Policy Term – means the period of time the **Policyholder** is covered by the **Policy**. The **Policy Term** is shown in the **Schedule**.

Total Disability, Totally Disabled – means an **Insured Person's** inability to perform the material and substantial duties of his **Regular Occupation**. After 5 years from the date of **Injury** or **Sickness**, **Total Disability** and **Totally Disabled** means the **Insured Person's** inability to perform the material and substantial duties of any occupation for which the **Insured Person** is reasonably suited based on education and experience. The **Insured Person** must be under the regular care of a **Physician** during **Total Disability**.

Whenever a personal pronoun in the masculine gender is used herein, it shall be deemed to include the feminine also, unless the context clearly indicates the contrary.

EXCLUSIONS

We will not cover:

- (1) any loss caused by or resulting from suicide, attempted suicide, or intentionally self-inflicted injury;
- (2) injury that occurs while on board any type of aircraft while the aircraft is taking off, airborne, or landing. This exclusion does not apply to **Injury** to an **Insured Person** who is a passenger on an aircraft and is participating in a **Covered Activity**. However, no coverage is provided under any circumstances for injury that occurs during or arising out of a planned parachute jump from an aircraft. Also, no coverage is provided if the **Insured Person** is the pilot or operator;
- (3) any loss caused by or resulting from war or any act of war, service in the Armed Forces or units auxiliary thereto;
- (4) sickness except as directly caused by and directly resulting from participation in a specific **Covered Activity**;
- (5) any loss directly caused by or directly resulting from mental or emotional disorders or **Post-traumatic Stress Disorder**, except as specifically provided under the **Indemnity Benefits** section;
- (6) any loss caused by or resulting from alcoholism or drug addiction;
- (7) injury or sickness sustained by an **Insured Person** while operating, or riding as a passenger in, a motor vehicle if such injury or sickness occurs as a direct result of the **Intoxication** of the **Insured Person**;
- (8) under any weekly disability benefit or athletics and special events benefit of the **Policy**, any loss caused by or resulting from **Injury** or **Sickness** sustained by a **Registered Junior Member** unless:
 - (a) such member is eligible for coverage under Workers Compensation, or other similar or comparable coverage; or
 - (b) such member has had full-time or part-time gainful employment during any part of the 12-month period immediately preceding the **Injury** or **Sickness**, and the **Average Weekly Wage** applying to such member exceeds \$1.00.
- (9) any medical expenses for **Injury** or **Sickness** when paid or payable under any Workers' Compensation or similar law, except as provided under Part I of the **Policy** for Post-Traumatic Stress Disorder.

POLICY PROVISIONS

Entire Contract – The **Policy** with the applications, and any attached riders, endorsements and forms, if any, constitute the entire contract between the parties. All statements made by the **Policyholder** shall be deemed representations and not warranties. No statement shall be used in any contest unless a copy of the instrument containing the statement is in written form signed by the **Policyholder**.

No agent has authority to change the **Policy** or to waive any of its provisions. No change in the **Policy** shall be valid except by endorsement, rider or amendment signed by one of **Our** officers and accepted by the **Policyholder**. The **Policyholder** shall not be considered our agent.

The **Policy** may be changed at any time by written agreement between **Us** and the **Policyholder**, without the consent of any other person.

Incontestability - The validity of the **Policy** will not be contested after it has been in force for 2 years from the **Policy** Effective Date.

No statement made by any person relating to his insurability will be used in contesting the validity of his coverage under the **Policy** if such statement was made after the coverage has been in force, prior to the contest, for a period of 2 years, unless such statement is contained in a written instrument signed by the person and a copy is given to him or his representative.

POLICY PROVISIONS (continued)

Conformity with State Statutes – Any provision of this policy which, on its **Policy Effective Date**, is in conflict with the laws of the state of issue is amended to conform to the minimum requirements of such laws.

Grace Period - A grace period of 31 days following the due date will be allowed for the payment of each premium after the first. If any premium with respect to any **Policyholder** or **Insured Person** is not paid before the expiration of the grace period, coverage will end at the expiration of the grace period.

The **Policyholder** will be liable to **Us** for all unpaid premiums with respect to all **Insured Persons** for the period (including a pro-rata premium for the grace period or fraction thereof) during the time coverage was in effect.

Loss Settlement - **We** reserve the right at any time during the claim process, to make a lump sum offer to settle the claim. Upon a mutual agreement between **Us** and the **Insured Person**, **We** will draft a release that outlines the settlement offer. The original signed release must be received by **Us** before any settlement payment is made. The signed release will legally bind all parties. Once the release has been signed and settlement payment has been made, **Our** liability will end. **We** also reserve the right not to accept an offer made by the claimant or their designated representative in an attempt to settle the claim.

Written notice of loss upon which claim may be based must be given to **Us** within 90 days of the date of a covered loss for which benefits may be claimed.

Notice given by or on behalf of the **Insured Person** sustaining the loss to **Us** at **Our** Home Office or to **Our** authorized agent, with particulars sufficient to identify the **Insured Person** shall be deemed to be notice to **Us**.

Failure to furnish notice within the time provided in the **Policy** will not invalidate any claim if it is shown it was not reasonably possible to furnish such notice and the notice was furnished as soon as was reasonably possible. **We** will, upon receipt of the notice, furnish forms to the **Insured Person** for filing proof of loss.

If such forms are not so furnished within 15 days after **We** receive such notice, the **Insured Person** shall be deemed to have complied as to proof of loss by submitting written proof covering the occurrence, character and extent of the loss for which claim is made. In case of a claim for a loss providing for periodic payment contingent upon continuing loss, affirmative proof of loss must be furnished to **Us** within 90 days after the termination of the period for which **We** are liable.

In the case of a claim for any other loss, affirmative proof of loss must be furnished to **Us** within 90 days of loss. Failure to provide proof of loss within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible.

For disability for which benefits may be payable for at least 2 years, the **Insured Person** must give **Us** notice of continuance of such disability, except in the event of legal incapacity. The notice must be given to **Us** every 6 months following the submission of the initial claim for benefits. The proof of loss will be considered a 6-month notice and notice will be required every 6 months thereafter. Delay in giving **Us** notice of a continuing disability will not affect the **Insured Person's** right to benefits otherwise accruing for the 6-month period before the date notice is actually given to **Us**.

The **Insured Person** is responsible for providing all necessary information to substantiate the validity of their claim.

Physical Examination and Autopsy - **We** have the right and opportunity, at **Our** own expense, to examine the **Insured Person** whose **Injury** or **Sickness** is the basis of claim when and as often as **We** may reasonably require during the pendency of a claim. **We** also have the right to make an autopsy, if necessary, in case of death where it is not forbidden by law.

Failure to submit to an examination 2 consecutive times will result in the termination of benefits, unless a reasonable explanation is provided or reasonable attempts to reschedule the examination are made.

POLICY PROVISIONS (continued)

Payment of Claim - Subject to due proof of loss, all indemnities for loss will be paid to the **Insured Person** sustaining the loss as they accrue. Any balance remaining unpaid at termination of the period of liability may be paid to the **Insured Person** sustaining the loss immediately, or as they accrue upon receipt of due proof of loss.

Benefits for loss of life of an **Insured Person** are payable to the beneficiary designated by the **Insured Person**.

If no beneficiary is named, loss of life benefits will be paid to the first surviving class of the following classes: the **Insured Person's** (1) spouse, (2) children, (3) parents, or (4) brothers or sisters. Otherwise **We** will pay benefits to the **Insured Person's** estate.

We may pay all or a part of any benefits for health care services directly to the provider, unless the **Insured Person** directs **Us** otherwise, in writing, by the time sufficient written proof of loss is received. **We** can't require that the service be given by a certain provider.

The benefits payable, other than benefits for weekly disability, will be payable not more than 60 days after receipt of proof of loss. Subject to due proof of loss, all accrued benefits payable under the **Policy** for weekly disability will be paid not less frequently than monthly; any balance remaining unpaid at the termination of such claim will be paid immediately upon receipt of such proof.

In the event of an overpayment, **We** will notify the **Insured Person** in writing of the circumstances surrounding the overpayment. Within 60 days of receipt of the original notification, the **Insured Person** is required to repay **Us** the amount of overpayment.

Within 30 days of receipt of the original notification, you may request, in writing, additional information in regard to the overpayment. Your request to **Us** will not extend or modify the overpayment amount or time unless the **Insured Person** is notified by **Us** in writing. Any payment **We** make in good faith will end **Our** liability to the extent of the payment.

Legal Action - No action at law or in equity shall be brought to recover on the **Policy** prior to the expiration of 60 days after proof of loss has been filed, nor shall such action be brought at all unless brought within 3 years from expiration of the time within which proof of loss is required by this **Policy**.

Exposure and Disappearance - If, by reason of a covered accident, an **Insured Person** is unavoidably exposed to the elements and as the result of such exposure suffers a loss for which indemnity is otherwise payable, such loss will be covered under the terms of the **Policy**.

If the body of an **Insured Person** has not been found within 1 year after the date of disappearance as the result of the sinking or wrecking of the aircraft or watercraft in which the **Insured Person** was riding at the time of the accident and under such circumstances as would otherwise be covered, it will be presumed that the **Insured Person** suffered loss of life resulting from **Injury** caused solely by a covered accident.

Choice of Medical Expense Payment Options - **We** will pay medical expense benefits subject to the **Policyholder's** choice of options regarding other insurance that may be available to pay for such expenses. The option choice is shown on the **Schedule**.

Workers Compensation Not Affected - The **Policy** is not in lieu of and does not affect nor fulfill any legal or contractual requirement for coverage by Workers Compensation insurance.

Change of Beneficiary - The **Insured Person** can change the beneficiary at any time by sending a written notice to the **Policyholder**. The current beneficiary's consent is not required unless the designation of the beneficiary is irrevocable.

POLICY PROVISIONS (continued)

Data Required - The **Policyholder** shall furnish **Us** with all information that **We** may reasonably require with regard to any matters pertaining to the **Policy**. All documents furnished to the **Policyholder** in connection with the insurance, together with such records, as may have a bearing on the insurance under the **Policy**, shall be open for inspection by **Us** at all reasonable times.

Neither clerical error in keeping any records pertaining to the insurance under the **Policy**, nor delays in making entries thereon, shall invalidate insurance otherwise validly in force or continue insurance otherwise validly terminated, but upon discovery of such error or delay, an equitable adjustment of premiums shall be made.

New Entrants - New eligible persons added from time to time to the **Policyholder** group will be automatically covered under the **Policy**.

Other Coverage with Us - If the **Insured Person** is covered under one or more similar policies issued by **Us**, the total benefits payable will not exceed those payable under the **Policy** that provides the largest total amount.

Right of Recovery - An **Insured Person** may incur expenses due to an **Injury** or **Sickness** covered by the **Policy**. The loss may be caused by the act or omission of another person. If so, the **Insured Person** may have a claim against that other person. If **recovery** is made, the **Insured Person** must repay **Us** the **Recovery** made from: (a) the other person, or (b) the other person's insurer. **We** will only have such right against excess funds after the **Insured Person** is made whole.

Recovery means monies paid to the **Insured Person** through judgment, settlement or otherwise to compensate for losses caused by the **Injury** or **Sickness**, less attorney's fees and court costs incurred in making the **Recovery**. This Right of **Recovery** provision also applies when an **Insured Person** receives payment under an uninsured or underinsured motorist insurance policy or plan.

Facility of Payment - A payment made under another plan may include an amount that should have been paid under this plan. If it does, **We** may pay that amount to the organization that made the payment.

That amount will then be treated as though it were a benefit paid under this plan. **We** will not have to pay that amount again. The term "payment made" means the reasonable cash value of the benefits provided in the form of services. "Payment made" includes providing benefits in the form of services.

DESCRIPTION OF BENEFITS

If Indemnity Benefits coverage is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART I – INDEMNITY BENEFITS

A. Accidental Death, Dismemberment, Loss of Sight Speech or Hearing – Injury Only

If **Injury** to an **Insured Person** results in loss of his life, **We** will pay the Principal Sum shown on the **Schedule** under this benefit. If **Injury** to an **Insured Person** results in any one of the other losses listed below, **We** will pay the benefit shown for that loss.

<u>For Loss of:</u>	<u>% of Principal Sum</u>
Both Arms or Both Legs	100%
Both Hands and Both Feet	100%
One Arm and One Leg	100%
One Hand and One Foot	100%
One Arm	75%
One Leg	75%
Hearing	50%
Speech	50%
One Hand	50%
One Foot	50%
Entire Sight of One Eye	50%
Permanent Damage to Sight of One Eye – up to Maximum Benefit of*	50%
One Thumb	10%
One Hallux (big toe)	10%
One Finger	5%
One Toe	5%
Each Joint of Thumb or Hallux	5%
Each Joint of Finger or Toe	1%

(*See Vision Impairment Schedule below.)

Loss means, with reference to the hand or foot, the complete severance through or above the wrist or ankle joint; with reference to the arm or leg, the complete severance through or above the elbow or knee joint; with reference to the thumb and fingers, the complete severance at the metacarpophalangeal joint; with reference to the hallux and toes, the complete severance at the metatarsal phalangeal joint; and with reference to a joint of a finger or toe, the complete severance of a distal, proximal or (if applicable) medial phalanx. Loss of sight, speech or hearing means the total and irrecoverable loss of sight, speech or hearing.

Permanent Damage means, with reference to sight, irreparable injury that results in permanently impaired vision, but not in total and irrecoverable loss of vision. The following lists the amount payable for the degree of vision impairment due to **Permanent Damage**. The benefit paid for each eye will not be more than one half the Principal Sum. If the sight of an eye is less than 20/20 before the **Permanent Damage**, **We** will pay a benefit based upon the additional impairment due to the covered **Injury**. The amount shown in the Table applies separately to each eye.

<u>Vision Impairment Schedule</u>	<u>% of Principal Sum Payable for Each Eye</u>
20/20	0.0%
20/30	5.5%
20/40	11.0%
20/50	16.5%
20/60	22.0%
20/80	33.0%
20/100	44.0%
20/120	56.0%
20/150	72.0%
20/180	89.0%
20/200 or poorer	100.0%

If the **Insured Person** suffers more than one covered loss as a result of any one accident, multiple benefits under this benefit will be paid to the extent that one benefit does not duplicate another benefit. For example, if an **Insured Person** loses an arm in an accident, **We** will pay for “Loss of Arm” but not for “Loss of Hand,” “Loss of Thumb,” nor “Loss of Finger Joints.”

If the **Insured Person** loses an arm and, in the same accident, is blinded in one eye, **We** will pay for both the “Loss of Arm” and the “Loss of Entire Sight in One Eye”. However, the total amount **We** will pay will not exceed 100% of the Principal Sum shown in the **Schedule**.

In the event benefits are payable under this benefit and any other benefit paying a Principal Sum as a result of any one accident, the total amount **We** will pay will not exceed 100% of the Principal Sum shown in the **Schedule** for only one benefit, the Principal Sum that is the largest.

B. Additional Loss of Life Benefit – Sickness Only

If a loss of life benefit is not payable under “A” **We** will pay the amount shown in the **Schedule** if death occurs:

- (1) as a direct result of participation in a **Covered Activity**; and
- (2) within 180 days of the date the **Insured Person** participated in the **Covered Activity** that caused such death.

C. Additional Seat Belt Benefit – Injury Only

If the loss of life benefit is payable under “A”, **We** will pay an additional 25% of the Principal Sum if the **Insured Person** was in a motor vehicle and wearing a properly fastened seat belt when the **Injury** occurred that caused death.

D. Post-traumatic Stress Disorder Benefit

If the **Insured Person** suffers from a **Post-traumatic Stress Disorder** directly caused by an event during a specific single **Covered Activity**, **We** will pay the **Reasonable and Customary Expenses** incurred for inpatient or outpatient treatment up to the Maximum Limit in the **Schedule**. The event causing the **Post-traumatic Stress Disorder** must be witnessed during a **Covered Activity** that is outside the range of usual human experiences and would be markedly distressing to almost anyone, such as:

- (1) actual or threatened serious physical harm to the **Insured Person’s** life or body;
- (2) witnessing actual or threatened serious physical harm to the life or body of other **Insured Persons**;
- (3) witnessing another person who has recently been or is being seriously injured or killed as a result of an accident or physical violence.

DESCRIPTION OF BENEFITS

If Permanent Physical Impairment Benefit – Injury Only coverage is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART II – PERMANENT PHYSICAL IMPAIRMENT BENEFIT – INJURY ONLY

If **Injury** to an **Insured Person** results in **Permanent Physical Impairment**, **We** will pay this benefit only if the **Insured Person**:

- (1) is **Totally Disabled** or **Partially Disabled** as a result of such **Injury**; and
- (2) has participated in an approved physical rehabilitation program, if the physical condition so warrants, and has reached their **Maximum Medical Improvement**; and
- (3) elects a lump sum benefit under this benefit and notifies **Us** of such election by registered mail within the **Period of Eligibility**.

The examining **Physician** must certify that the **Insured Person** is suffering from a **Permanent Physical Impairment**, and has reached their **Maximum Medical Improvement**.

The **Insured Person** must elect to accept the lump sum benefit and notify **Us** of such election by registered mail within the **Period of Eligibility**. If no election is made within the **Period of Eligibility**, **We** will notify the **Insured Person** and the **Period of Eligibility** will be extended an additional 90 days. If the **Insured Person** does not notify **Us** by registered mail of the election to accept the payment under this benefit prior to the expiration of the 90-day extension period, the **Insured Person** will lose the right to claim this benefit.

However, under no circumstances will **We** pay a benefit under this Part II if **We** are notified of the **Insured Person's** election to accept the benefit more than 260 weeks after the date of the **Injury** that caused the **Permanent Physical Impairment**, even if such notification is received during the period of eligibility or the 90-day extension period described above.

Permanent Physical Impairment will be assigned an impairment value by an examining **Physician**. This value will be expressed as a percentage in relation to the whole person. The impairment value will be determined by the most current edition of the American Medical Association's *Guides to the Evaluation of Permanent Impairment*. (In the event the referenced guide ceases to be published, **We** will use another appropriate measurement of impairment values.) This percentage value will be applied to the benefit shown in the **Schedule** to determine the amount payable under the **Policy**. If the **Insured Person** has a prior physical impairment, the impairment value that represents the pre-existing condition will be deducted from the **Permanent Physical Impairment** evaluation.

If the **Insured Person** elects to receive this benefit, any right to collect benefits under any Weekly Disability Benefit of the **Policy** will end with the payment of this benefit.

In the event benefits are payable under any other benefit paying a Principal Sum as a result of any one accident, the total amount **We** will pay will not exceed 100% of the Principal Sum shown in the **Schedule** for only one, the Principal Sum that is the largest.

DESCRIPTION OF BENEFITS

If Cosmetic Burn Disfigurement Benefit – Injury Only coverage is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART III – COSMETIC BURN DISFIGUREMENT BENEFIT – INJURY ONLY

If an **Insured Person** suffers from disfigurement due to a burn that is classified as a third or fourth degree burn as the result of an **Injury**, **We** will pay this benefit.

All benefits payable are based on a percentage of the Principal Sum shown in the **Schedule** for this benefit and depend on the area of the body that was burned. Each body part is assigned a percentage relative to its visual exposure. The benefit payable for any one loss is determined by multiplying the percentage of body surface actually burned times the maximum percentage of the Principal Sum payable. The attending **Physician** will determine the percentage applicable to each burn. The list below shows the maximum percentage of the Principal Sum, by body part.

<u>Body Part</u>	<u>% of Principal Sum</u>
Face, Neck, Head	100%
Torso (Front)	35%
Torso (Back)	35%
Hand & Forearm (Right)	25%
Hand & Forearm (Left)	25%
Upper Arm (Right)	15%
Upper Arm (Left)	15%
Thigh (Right)	10%
Thigh (Left)	10%
Lower Leg (Right, below knee)	10%
Lower Leg (Left, below knee)	10%

For example, by using the Burn Disfigurement Schedule above:

- (1) if the entire surface of the hand and forearm were burned the benefit would be 25% of the Principal Sum; or
- (2) if 50% of surface of the hand and forearm were burned the benefit would be 50% of 25%, or 12.5% of the Principal Sum.

The above list only represents the maximum percentage of the Principal Sum payable for any one covered loss. If the **Insured Person** suffers burns in more than one area as a result of any one accident, the total of benefits for all such burns will not exceed 100% of the Principal Sum.

In the event benefits are payable under any other benefit paying a Principal Sum as a result of any one accident, the total amount **We** will pay will not exceed 100% of the Principal Sum shown in the **Schedule** for only one, the Principal Sum that is the largest.

DESCRIPTION OF BENEFITS

If Medical Expense Benefit – Injury Only coverage is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART IV – MEDICAL EXPENSE BENEFIT – INJURY ONLY

A. Medical Expenses – If, as the result of **Injury**, an **Insured Person** is required to: (1) receive treatment from a **Physician**; (2) be confined in a **Hospital**; (3) receive the services of a licensed nurse upon the recommendation of a **Physician**; or (4) receive **Home Health Care**; **We** will pay the **Reasonable and Customary Expense** incurred for such services. **We** will not pay more than the Maximum Benefit shown in the **Schedule** for this benefit, except as may be provided in “B” below.

B. Additional for Plastic Surgery Expenses – **We** will pay an additional benefit if an **Insured Person** requires skin grafting or plastic surgery due to an **Injury** covered under “A”. The maximum amount **We** will pay for this benefit is shown in the **Schedule**.

If Medical Expense – Sickness Only coverage is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART V – MEDICAL EXPENSE – SICKNESS ONLY

A. Medical Expense – If **Sickness** begins within 30 days of the date of **Insured Person’s** participation in the **Covered Activity** causing such **Sickness** and the **Insured Person** is required to: (1) receive treatment from a **Physician**; (2) be confined in a **Hospital**; (3) receive the services of a licensed nurse upon the recommendation of a **Physician**; or (4) receive **Home Health Care**; **We** will pay the **Reasonable and Customary Expense** incurred for such services.

B. Preventative Inoculations – **We** will pay the **Reasonable and Customary Expense** incurred for preventative inoculations received within 60 days of the date of an **Insured Person’s** participation in a **Covered Activity** that caused exposure to a **Sickness** including any additional expenses due to an allergic reaction to any preventative inoculations administered to the **Insured Person** subject to the Maximum Benefit shown in the **Schedule**.

DESCRIPTION OF BENEFITS

If Weekly Disability Benefit – Injury Only coverage is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART VI – WEEKLY DISABILITY BENEFIT – INJURY ONLY

A. Total Disability Benefit

We will pay benefits under this benefit “A” for **Total Disability** if such disability occurs as a direct result of **Injury**. The **Injury** must be the direct result of the **Insured Person’s** participation in a **Covered Activity**. Benefits will be payable until the earlier of:

- (1) the death of an **Insured Person** who remains **Totally Disabled** until death; or
- (2) the date a benefit is paid under the **Permanent Physical Impairment Benefit**.

We will pay the full weekly benefit shown in the **Schedule** for each week of the first 4 weeks of **Total Disability**. After the first 4 weeks of **Total Disability**, **We** will pay up to twice the weekly benefit shown in the **Schedule**, but not more than 100% of the **Insured Person’s Average Weekly Wage** for such continued disability. In no event will **We** pay a benefit that is less than 25% of the weekly benefit shown in the **Schedule** for continued **Total Disability**.

Total Disability Inflation Provision – After the first 2 years of **Total Disability** for which **We** have paid benefits, **We** will increase additional benefits paid for that **Total Disability**. **We** will increase the benefit by 3% (compounded annually) for each additional year the **Insured Person** continues to be eligible for **Total Disability** benefits.

B. Partial Disability Benefit

We will pay benefits under this benefit “B” for **Partial Disability** if such disability occurs as a direct result of **Injury**. The **Injury** must be:

- (1) the direct result of the **Insured Person’s** participation in a Covered Activity; or
- (2) immediately following a period of **Total Disability** for which a benefit was paid under “A”.

If the **Partial Disability** is the direct result of the **Insured Person’s** participation in a **Covered Activity**, **We** will pay 50% of the weekly benefit shown in the **Schedule** for each of the first 4 weeks of **Partial Disability**. If the **Partial Disability** is immediately following a period of **Total Disability** for which a benefit was paid under “A”, **We** will pay up to 50% of the weekly benefit shown in the **Schedule** but not more than 50% of the **Insured Person’s Average Weekly Wage** for each of the first 4 weeks of **Partial Disability**.

After the first 4 weeks of **Partial Disability**, **We** will pay up to the full weekly benefit shown in the **Schedule** but no more than 50% of the **Insured Person’s Average Weekly Wage**. In no event will **We** pay less than 12.5% of the Per week benefit shown in the **Schedule**.

No benefits will be paid under this benefit after the date a benefit has been paid under the **Permanent Physical Impairment Benefit**.

Benefits for **Total Disability** as a result of any one **Injury** will not be paid for more than the lifetime of the **Insured Person**. Benefits for **Partial Disability** will not be paid for more than 52 weeks as a result of any one **Injury**. For any disability benefit of less than a week, **We** will pay one-seventh (1/7) of the weekly benefit for each full day of disability up to the applicable maximum.

If the **Insured Person** returns to his **Regular Occupation** on a full or part time basis within 5 years of the date of the **Injury** and, after receiving benefits for **Total Disability**, he is thereafter unable to perform the material and substantial duties of his **Regular Occupation**, he may return to a **Total Disability** status provided the attending **Physician** certifies a return to **Total Disability** status.

Periods of **Total Disability** or **Partial Disability** separated by less than 26 weeks will be considered one period of disability unless due to separate and unrelated causes. In the event the disability benefits received under the **Policy** plus disability benefits received under Workers’ Compensation and any **Other Valid and Collectible Insurance** exceed the limits of “A” or “B”, benefits will be reduced. Benefits will be reduced so the **Insured Person** will receive no more than 100% of his **Average Weekly Wage** for **Total Disability** under “A” and not more than 50% of his **Average Weekly Wage** for **Partial Disability** under “B”.

DESCRIPTION OF BENEFITS

If Weekly Disability Benefit – Sickness Only coverage is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART VII – WEEKLY DISABILITY BENEFIT – SICKNESS ONLY

A. Total Disability Benefit

We will pay benefits under this benefit “A” for **Total Disability** if such disability occurs as a direct result of **Sickness**. The **Sickness** must be the direct result of the **Insured Person’s** participation in a **Covered Activity**.

We will pay the full weekly benefit shown in the **Schedule** for each week of the first 4 weeks of **Total Disability**. After the first 4 weeks of **Total Disability**, **We** will pay up to twice the weekly benefit shown in the **Schedule**, but not more than 100% of the **Insured Person’s Average Weekly Wage** for such continued disability. In no event will **We** pay a benefit that is less than 25% of the weekly benefit shown in the **Schedule** for continued **Total Disability**.

Total Disability Inflation Provision – After the first 2 years of **Total Disability** for which **We** have paid benefits, **We** will increase additional benefits paid for that **Total Disability**. **We** will increase the benefit by 3% (compounded annually) for each additional year the **Insured Person** continues to be eligible for **Total Disability** benefits.

B. Partial Disability Benefit

We will pay benefits under this benefit “B” for **Partial Disability** if such disability occurs as a direct result of **Sickness**. The **Sickness** must be:

- (1) the direct result of the **Insured Person’s** participation in a **Covered Activity**; or
- (2) immediately following a period of **Total Disability** for which a benefit was paid under “A”.

If the **Partial Disability** is the direct result of the **Insured Person’s** participation in a **Covered Activity**, **We** will pay 50% of the weekly benefit shown in the **Schedule** for each of the first 4 weeks of **Partial Disability**. If the **Partial Disability** is immediately following a period of **Total Disability** for which a benefit was paid under “A”, **We** will pay up to 50% of the weekly benefit shown in the **Schedule** but not more than 50% of the **Insured Person’s Average Weekly Wage** for each of the first 4 weeks of **Partial Disability**.

After the first 4 weeks of **Partial Disability**, **We** will pay up to the full weekly benefit shown in the **Schedule** but no more than 50% of the **Insured Person’s Average Weekly Wage**. In no event will **We** pay a benefit less than 12.5% of the weekly benefit shown in the **Schedule**.

Benefits for **Total Disability** as a result of any one **Sickness** will not be paid for more than 260 weeks or the lifetime of the **Insured Person**, whichever is shorter. Benefits for **Partial Disability** will not be paid for more than 52 weeks as a result of any one **Sickness**. For any disability benefit of less than a week, **We** will pay one-seventh (1/7) of the weekly benefit for each full day of disability up to the applicable maximum.

If the **Insured Person** returns to his **Regular Occupation** on a full or part-time basis after receiving benefits for **Total Disability**, and he is unable to perform the material and substantial duties of his **Regular Occupation**, he may return to **Total Disability** status provided the attending **Physician** certifies a return to **Total Disability** status.

Periods of **Total Disability** or **Partial Disability** separated by less than 26 weeks will be considered one period of disability unless due to separate and unrelated causes. In no event will benefits be paid for more than 260 weeks for **Total Disability** and **Partial Disability** as a result of any one **Sickness**.

In the event the disability benefits received under the **Policy** plus disability benefits received under Workers’ Compensation and any **Other Valid and Collectible Insurance** exceed the limits of “A” or “B”, benefits will be reduced. Benefits will be reduced so the **Insured Person** will receive no more than 100% of his **Average Weekly Wage** for **Total Disability** under “A” nor more than 50% of his **Average Weekly Wage** for **Partial Disability** under “B”.

DESCRIPTION OF BENEFITS

If Family Expense Benefit – Injury Or Sickness coverage is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART VIII – FAMILY EXPENSE BENEFIT – INJURY OR SICKNESS

If **We** pay benefits under Part I, Part II, Part III, Part VI or Part VII, **We** will also pay the following additional benefits for the **Reasonable and Customary Expenses** incurred on behalf of the **Insured Person** within 52 weeks of the date of **Injury** or **Sickness**:

- (1) medically necessary family counseling;
- (2) training of an **Immediate Family** member to perform rehabilitative or custodial functions necessary to the rehabilitation or care of the **Insured Person**;
- (3) transportation, meals and lodging expenses of the **Immediate Family** members incurred for visiting the **Insured Person** if he is receiving medical treatment on an inpatient basis more than 35 miles from the **Insured Person's** permanent residence;
- (4) loss of earnings by an **Insured Person's Immediate Family** member not to exceed 100% of the individual Immediate Family member's **Average Weekly Wage**, due to and as a direct result of a covered **Injury** or **Sickness** sustained by the **Insured Person**.

The Maximum Benefit payable under this benefit is shown in the **Schedule**.

If Family Education Benefit coverage is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART IX – FAMILY EDUCATION BENEFIT

If benefits are payable for the loss of life of an **Insured Person** under the Part I, **We** will also pay the following benefits:

A. Dependent Child Benefit

We will pay the annual tuition actually incurred at an **Institution of Higher Learning**, excluding room and board, by each **Dependent Child** of the deceased **Insured Person**. This benefit is payable only if on the date of the **Insured Person's** death, the **Dependent Child** is:

- (1) enrolled as a full time student at an **Institution of Higher Learning** above the 12th grade level; or
- (2) under age 21, and enrolls as a full time student at an **Institution of Higher Learning** above the 12th grade level within 52 weeks of the date of the **Insured Person's** death.

If the **Dependent Child** remains continuously enrolled as a full time student at such institution, **We** will pay up to the Maximum Benefit for this benefit shown in the **Schedule** for each year the **Dependent Child** is enrolled at such institution, for up to 4 consecutive years.

B. Surviving Spouse Benefit

We will pay the annual tuition actually incurred at an **Institution of Higher Learning**, excluding room and board, by the **Surviving Spouse** of the deceased **Insured Person**. This benefit is payable only for tuition incurred within 4 years of the date of the **Insured Person's** death.

We will pay up to the Maximum Benefit shown in the **Schedule** for this benefit for each year the **Surviving spouse** is enrolled at such institution, for up to 4 consecutive years.

C. Other Benefit

If no person qualifies for the benefits described in "A". or "B". above, **We** will pay a benefit of \$1,000 to the **Insured Person's** primary beneficiary. If no beneficiary is named **We** will pay the amount to the **Insured Person's** estate. **We** will not pay more than a total benefit of \$1,000 under this benefit "C".

DESCRIPTION OF BENEFITS

If Athletics And Special Events Benefit – Injury Only coverage is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART X – ATHLETICS AND SPECIAL EVENTS BENEFIT – INJURY ONLY

If **Injury** to an **Insured Person** results from participation in or travel directly to or from **Athletic Games, Contests or Special Events**, **We** will pay the following:

A. Medical Expense Benefit – Injury only

If, as the result of **Injury**, an **Insured Person** is required to: (1) receive treatment from a **Physician**; (2) be confined in a **Hospital**; (3) receive the services of a licensed nurse upon the recommendation of a **Physician**; or (4) receive **Home Health Care**; **We** will pay the **Reasonable and Customary Expense** incurred for such services. **We** will not pay more than the Maximum shown in the **Schedule** for one **Injury**.

B. Total Disability Benefit – Injury Only

We will pay the weekly benefit for this benefit “B” if the **Insured Person** becomes **Totally Disabled** within 30 days after the date of **Injury**. For any **Total Disability** benefit paid for less than a week, **We** will pay one-seventh (1/7) of the weekly benefit for each full day the **Insured Person** is disabled up to the applicable maximum. **We** will pay up to a maximum of 52 weeks for any one accident.

DESCRIPTION OF BENEFITS

If HIV Benefit coverage is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART XI – HIV BENEFIT

A. HIV Lump Sum Benefit

We will pay the Principal Sum for this benefit “A” if an **Insured Person** becomes infected with the Human Immunodeficiency Virus (HIV) as a direct result of participation in a **Covered Activity**. Payment made by **Us** under the **Policy** will end any right to collect any other benefits under the **Policy**. This benefit will be paid only if:

- (1) the **Insured Person** suffers exposure to HIV as a direct result of participating in a **Covered Activity**. Exposure means mucous-membrane, eye, or skin contact with blood, blood products, or other potentially infectious body fluids from a person with known HIV-positive serostatus, one clinically diagnosed with AIDS, or a high-risk person with compatible signs and symptoms; and
- (2) an incident report describing how the **Insured Person** was exposed to HIV is filed with the **Policyholder** within 72 hours of participation in the **Covered Activity** during which the **Insured Person** was exposed to HIV; or
- (3) the date on which the **Insured Person** became aware of such exposure; and
- (4) the incident report described in (2) above is filed with **Us** within 7 days of the date that it was filed with the **Policyholder**; and
- (5) the **Insured Person** is tested for the presence of HIV antibodies in their blood within 7 days of the date such report was filed with **Us**, and, must test negative utilizing a preliminary screening test approved by the Federal Food & Drug Administration (FDA); and
- (6) the **Insured Person** tests positive for the presence of HIV antibodies in their blood within 52 weeks of participation in the **Covered Activity** during which the **Insured Person** was exposed to HIV utilizing a positive screening test approved by the FDA.

We will pay for the **Reasonable and Customary Expense** of the tests described in (5) and (6) above.

B. HIV Infection Prevention Benefit

We will pay the **Reasonable and Customary Expense** of postexposure prophylaxis if an **Insured Person** suffers exposure to HIV as a direct result of participation in a **Covered Activity**. Exposure means mucous-membrane, eye, or skin contact with blood, blood products, or other potentially infectious body fluids from a person with known HIV-positive serostatus, one clinically diagnosed with AIDS, or a high-risk person with compatible signs and symptoms. This benefit will be paid only if such prophylaxis is recommended by the attending **Physician**; and it complies with the HIV postexposure prophylaxis guidelines of the Center for Disease Control and Prevention (CDC), an agency of the U.S. Department of Health and Human Services.

If the **Insured Person** participates in an HIV Post-exposure Prophylaxis (PEP) Protocol in accordance with this benefit “B” and as a direct result suffers loss of life, **We** will pay an amount equal to the Principal Sum shown in the **Schedule** for benefit “A” of this Part XI.

In no event will death benefits be paid or payable under this benefit “B” if a death benefit is paid or payable under benefit “A” of this Part XI as a result of participation in the same **Covered Activity**.

We will not pay more than the Maximum shown in the **Schedule**.

DESCRIPTION OF BENEFITS

If Physical Assault Benefit coverage is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART XII – PHYSICAL ASSAULT BENEFIT – INJURY ONLY

A. If a benefit is payable for **Injury** under Part I, Part II or Part III of the **Policy**, **We** will pay an additional benefit equal to 25% of the total benefit paid under such Part I, Part II or Part III, or the Maximum shown in the Schedule for this Part XII, whichever is more, if such **Injury** is caused by **Physical Assault** committed by a person other than an **Insured Person**, while traveling to or from emergency duty or while at the emergency duty.

B. If no benefit is payable for **Injury** under Part I, Part II or Part III of the **Policy**, but benefits are payable for **Injury** under “A” or “B” of Part VI or Part VII of the **Policy**, **We** will pay an additional lump sum benefit equal to the Maximum shown in the **Schedule**, if such **Injury** is caused by **Physical Assault** committed by a person other than an **Insured Person**.

Physical Assault means a physical **Injury** as a result of a deliberate and offensive act directed towards the **Insured Person** that creates a substantial risk of death, or that causes death or serious and protracted disfigurement, protracted impairment of health or protracted loss or impairment of the function of any bodily organ.

If Day Care Expense Benefit coverage is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART XIII – DAY CARE EXPENSE BENEFIT – INJURY OR SICKNESS

If an **Insured Person** is **Totally Disabled** as a result of **Injury** or **Sickness** and benefits are payable under Part IV, Part V, Part VI or Part VII of the **Policy**, and the **Day Care Expense** is incurred solely as a result of the covered **Injury** or **Sickness**, **We** will pay an additional benefit up to the Maximum shown in the **Schedule** for **Day Care Expense** necessarily incurred by the **Insured Person** during the period of **Total Disability**.

Day Care Expense means the reasonable and customary cost of providing regular daily supervision or nursing services for a member of the **Insured Person's Immediate Family** if such family member is a child age 12 years or younger, or such person is mentally or physically disabled or infirmed and would reasonably require such care. **Day Care Expense** does not include the cost of any care provided by an **Insured Person** or an **Immediate Family** member, nor by any individual or organization that is not duly licensed and/or certified in compliance with all applicable laws and regulations to provide the care received.

DESCRIPTION OF BENEFITS

If Permanent Physical Impairment Education Benefit coverage is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART XIV – PERMANENT PHYSICAL IMPAIRMENT EDUCATION BENEFIT – INJURY ONLY

If **Injury** to an **Insured Person** results in **Permanent Physical Impairment**, **We** will pay this benefit only if the **Insured Person**:

- (1) is **Totally Disabled** or **Partially Disabled** as a result of such **Injury**; and
- (2) has participated in an approved physical rehabilitation program, if his physical condition so warrants, and has reached their **Maximum Medical Improvement**; and
- (3) elects to accept a lump sum benefit under Part II, and notifies **Us** of such election by registered mail within the **Period of Eligibility**.

Determination of the Benefit Payable:

We will provide this benefit upon a written agreement between the **Insured Person** and **Us** for the program of education for retraining in an **Institution of Higher Learning**. Coverage will include charges for tuition and books as specified in the written agreement. Tuition must be incurred for the purpose of learning a new skill or trade and with the reasonable expectation that the **Insured Person** may find gainful employment as a result. **We** will not pay this benefit for any tuition incurred by the **Insured Person** more than 156 weeks after the end of the **Period of Eligibility**. **We** will not pay more than the Maximum shown in the **Schedule**.

We will not pay for the cost of any tuition incurred by an **Insured Person** that is paid or payable under any **Other Valid and Collectible Insurance**.

If Continuation of Coverage – Injury Only coverage is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART XV – CONTINUATION OF COVERAGE BENEFIT – INJURY ONLY

If an **Insured Person** is **Totally Disabled** as a result of **Injury** and benefits are payable under Part II, Part VI or Part VII of the **Policy**, **We** will pay the cost of group medical insurance coverage up to a maximum of \$500 per month for up to a total maximum of \$6,000, not to exceed 18 months. The **Insured Person** must purchase the group medical insurance coverage on an individual basis from his former employer pursuant to any available continuation of coverage and during the period of **Total Disability** payable under the **Policy**.

Coverage will only apply if the **Insured Person** provides **Us** with acceptable documentation from his employer stating that the sole reason that the **Insured Person** is eligible for continuation benefits is because his employment was terminated because of his **Total Disability**.

If Accidental Death and Dismemberment Benefit – Injury Only (24-Hour Coverage) is selected on the **Schedule**, **We** will pay the Benefit as shown below.

PART XVI – ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT – INJURY ONLY (24-Hour Coverage)

If injury to an **Insured Person** results in loss of his life, **We** will pay a benefit under this Part XVI. If injury to an **Insured Person** results in a dismemberment loss listed in Part I “A” in the **Policy**, **We** will pay a benefit for such loss under this Part XVI. The benefit amount **We** will pay is shown in the **Schedule**.

This benefit will not be paid if a benefit is paid under Part I “A” of the **Policy**.

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605]

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605]

Name of Policyholder: [ABC Widget, Emergency Services]
Additional Policyholder(s): [ABC Widget, Fire Rescue]

Policy Number: [123456]	Effective Date: [February 1, 2006]	Rider Number: [123456]
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This Rider is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This Rider ends concurrently with the **Policy** to which it is attached. This Rider is subject to all of the terms, definitions, provisions and limitations and exceptions of the **Policy**, except where changed by this Rider. If there is a conflict between the **Policy** and this Rider, the terms of the Rider will govern.

ADDITIONAL WEEKLY DISABILITY BENEFIT RIDER

Additional Weekly Disability Benefit	Per Week	[\$600]
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If an **Insured Person** becomes **Totally Disabled** and is eligible for benefits under Part VI or Part VII of the **Policy**, **We** will pay an additional weekly disability benefit. **We** will pay this benefit for the first week the **Insured Person** is **Totally Disabled**. For less than 1 week, **We** will pay one-seventh (1/7) of the weekly benefit for this Rider for each full day of **Total Disability**. **We** will pay this in addition to any other weekly benefit payable under the Policy.

SIGNED FOR GERBER LIFE INSURANCE COMPANY

[]

[President and CEO]

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605]

Name of Policyholder: [ABC Widget, Emergency Services]
Additional Policyholder(s): [ABC Widget, Fire Rescue]

Policy Number: [123456]	Effective Date: [February 1, 2006]	Rider Number: [123456]
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This Rider is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This Rider ends concurrently with the **Policy** to which it is attached. This Rider is subject to all of the terms, definitions, provisions and limitations and exceptions of the **Policy**, except where changed by this Rider. If there is a conflict between the **Policy** and this Rider, the terms of the Rider will govern.

AUXILIARY MEMBER BENEFIT RIDER

Auxiliary Member Benefit		
A. Accidental Death, Dismemberment, Loss of Sight, Speech or Hearing – Injury Only	Principal Sum	[\$25,000]
B. Medical Expense – Injury Only	Maximum	[\$10,000]
C. Total Disability – Injury Only	Per Week	[\$300]

If **Injury** to an **Auxiliary Member** results from participation in a **Covered Activity**, **We** will pay the following:

A. Indemnity Benefits – Injury only

We will pay for the losses listed in “A” of Part I of the **Policy**, subject to the Principal Sum listed in “A” for this Rider if an **Injury** results in a covered loss.

B. Medical Expense Benefit – Injury only

If, as the result of **Injury**, an **Auxiliary Member** is required to: (1) receive treatment from a **Physician**; (2) be confined in a **Hospital**; (3) receive the services of a licensed nurse upon the recommendation of a **Physician**; or (4) receive **Home Health Care**; **We** will pay the **Reasonable and Customary Expense** incurred for such services. **We** will not pay more than the Maximum listed for “B” of this Rider.

C. Weekly Disability Benefit – Injury only

We will pay the weekly benefit listed for “C” of this Rider if the **Auxiliary Member** becomes **Totally Disabled** within 30 days after the date of **Injury**. For any benefit provided for less than a week, **We** will pay one-seventh (1/7) of the weekly benefit for this Rider for each full day the **Auxiliary Member** is **Totally Disabled** up to the applicable maximum. **We** will pay up to a maximum of 52 weeks for any one accident.

Auxiliary Member means:

- (1) a member of the **Policyholder’s** auxiliary organization, by whatever name called;
- (2) any person while assisting the auxiliary organization if requested to do so by any officially designated member in good standing of the **Policyholder** or the auxiliary organization; and
- (3) any person while assisting the **Policyholder** if requested to do so by any officially designated member in good standing of such organization.

SIGNED FOR GERBER LIFE INSURANCE COMPANY

[]

[President and CEO]

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605]

Name of Policyholder: [ABC Widget, Emergency Services]
Additional Policyholder(s): [ABC Widget, Fire Rescue]


Policy Number: [123456]	Effective Date: [February 1, 2006]	Rider Number: [123456]
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This Rider is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This Rider ends concurrently with the **Policy** to which it is attached. This Rider is subject to all of the terms, definitions, provisions and limitations and exceptions of the **Policy**, except where changed by this Rider. If there is a conflict between the **Policy** and this Rider, the terms of the Rider will govern.

CAREER PERSONNEL RIDER

The definition of **Insured Person** is amended to include a paid employee of the **Policyholder** who works more than 1,300 hours annually for the **Policyholder** and who is acting within the scope of his employment.

SIGNED FOR GERBER LIFE INSURANCE COMPANY

[]
[President and CEO]

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605]

Name of Policyholder: [ABC Widget, Emergency Services]
Additional Policyholder(s): [ABC Widget, Fire Rescue]

Policy Number:
[123456]

Effective Date:
[February 1, 2006]

Rider Number:
[123456]

This Rider is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This Rider ends concurrently with the **Policy** to which it is attached. This Rider is subject to all of the terms, definitions, provisions and limitations and exceptions of the **Policy**, except where changed by this Rider. If there is a conflict between the **Policy** and this Rider, the terms of the Rider will govern.


FULL AUXILIARY MEMBER BENEFIT RIDER

The definition of **Insured Person** is amended to include **Auxiliary Members**:

Auxiliary Member means:

- (1) a member of the **Policyholder's** auxiliary organization, by whatever name called;
- (2) any person assisting the auxiliary organization if requested to do so by any officially designated member in good standing of the **Policyholder** or the auxiliary organization; and
- (3) any person assisting the **Policyholder** if requested to do so by any officially designated member in good standing of such organization.

SIGNED FOR GERBER LIFE INSURANCE COMPANY

[]

[President and CEO]

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605]

Name of Policyholder: [City of ABC]
Additional Policyholder(s): [City of ABC, Fire Rescue]

Policy Number: [123456]	Effective Date: [February 1, 2006]	Rider Number: [123456]
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This Rider is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This Rider ends concurrently with the **Policy** to which it is attached. This Rider is subject to all of the terms, definitions, provisions and limitations and exceptions of the **Policy**, except where changed by this Rider. If there is a conflict between the **Policy** and this Rider, the terms of the Rider will govern.

MUNICIPALITY BENEFIT RIDER

- 1) The definition of **Insured Person** is deleted and replaced by the following:

Coverage under the **Policy** is limited to those **Insured Person(s)** of the fire, emergency, rescue or ambulance department listed below, of the Municipality stated as the **Policyholder**:

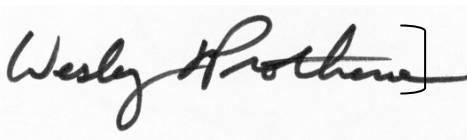
Designated **Municipality** fire, emergency, rescue or ambulance department:

[ABC Widget, Emergency Services]

- 2) **Exclusion** (9) is deleted and replaced with the following:

- (9) Any medical expenses for **Injury** or **Sickness** when paid or payable under any Workers' Compensation or similar law, except as provided under Part I of the **Policy** for Post-Traumatic Stress Disorder. This does not apply to a paid employee of the **Policyholder** who works more than 1,300 hours annually for the **Policyholder** and who is acting within the scope of his employment

SIGNED FOR GERBER LIFE INSURANCE COMPANY

[]

[President and CEO]

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605]

Name of Policyholder: [ABC Widget, Emergency Services]
Additional Policyholder(s): [ABC Widget, Fire Rescue]

Policy Number: [123456]	Effective Date: [February 1, 2006]	Rider Number: [123456]
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This Rider is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This Rider ends concurrently with the **Policy** to which it is attached. This Rider is subject to all of the terms, definitions, provisions and limitations and exceptions of the **Policy**, except where changed by this Rider. If there is a conflict between the **Policy** and this Rider, the terms of the Rider will govern.

ORGANIZED TEAM SPORTS BENEFIT RIDER

Organized Team Sports Benefit [as defined Sports Team]

A. Accidental Death, Dismemberment or Loss of Sight	Principal Sum	[\$50,000]
B. Medical Expense	Maximum	[\$25,000]
	Deductible	[\$100]
C. Weekly Disability	Per Week	[\$600]
	Up to	[52] Weeks
	Waiting Period	[7] Days

We will pay the benefits described below if an **Insured Person** suffers a **Sports Injury** that occurs while coverage under this Rider is in force.

Sports Injury means accidental bodily injury sustained during and directly resulting from an organized game or practice of a **Sports Team**, or while traveling directly to or from such game or practice that directly and independently causes a loss to the **Insured Person**. **Sports Injury** does not include: (1) **Sickness**; (2) **Cardiac Malfunction**; nor (3) bodily injury triggered by or related to any known or previously diagnosed pre-existing heart or circulatory condition.

Sports Team means a team officially recognized, sponsored, authorized, or supervised by the **Participating Organization**, provided that it is a part of, or competes under the sponsorship of, an established amateur athletic league, by whatever name called.

A. Accidental Death and Dismemberment or Loss of Sight

If **Sports Injury** to an **Insured Person** results in loss of his life, **We** will pay the Principal Sum scheduled above. If **Sports Injury** to an **Insured Person** results in any one of the other losses listed below, **We** will pay a percentage of the Principal Sum of this Rider for that loss as listed below:

<u>For "Loss" of:</u>	<u>% of Principal Sum</u>
One Arm	75%
One Leg	75%
One Hand	50%
One Foot	50%
Entire Sight of One Eye	50%

"Loss" means, with reference to the hand or foot, the complete severance through or above the wrist or ankle joint; and with reference to the arm or leg, the complete severance through or above the elbow or knee joint. Loss of sight means the total and irrecoverable loss of sight.

If the **Insured Person** suffers more than one covered **loss** as a result of any one accident, multiple benefits under “A” of this Rider will be paid to the extent that one benefit does not duplicate another benefit of the **Policy**.

For example, if an **Insured Person** loses an arm in an accident, we will pay for “Loss of One Arm” but not for “Loss of One Hand.” If the **Insured Person** loses an arm and, in the same accident, is blinded in one eye, we will pay for “Loss of One Arm” and “Loss of Entire Sight in One Eye.” However, under no circumstances, will we pay more than 100% of the Principal Sum for this Rider for all covered losses resulting from any one accident.

B. Medical Expense


If, as the result of a **Sports Injury**, and beginning within 90 days of the date the **Sports Injury** occurred, an **Insured Person** is required to: (1) receive treatment from a **Physician**; (2) be confined in a **Hospital**; (3) receive the services of a licensed nurse upon the recommendation of a **Physician**; or (4) receive **Home Health Care**, **We** will pay the **Reasonable and Customary Expense** incurred for such services.

We will not pay more than the Medical Expense Maximum Benefit for this Rider. **We** will not pay for any expenses incurred more than 52 weeks after the date that the **Sports Injury** occurred. **We** will only pay for those expenses that are in excess of the Medical Expense Deductible for this Rider.

C. Weekly Disability

We will pay the Disability Benefit for this Rider if the **Insured Person** becomes **Totally Disabled** within 30 days after the date the **Sports Injury** occurred. **We** will pay the Disability Benefit for each week that the **Insured Person** remains **Totally Disabled** but not for more than the number of weeks for this Rider. For any benefit provided for less than a week, **We** will pay one-seventh (1/7) of the Disability Benefit for this Rider for each full day the **Insured Person** is **Totally Disabled**. The Waiting Period for this Rider begins on the date that the **Sports Injury** occurred and ends after the number of days have expired. **We** will not pay any benefits during the Waiting Period.

SIGNED FOR GERBER LIFE INSURANCE COMPANY

A handwritten signature in black ink, enclosed in large square brackets. The signature appears to read "Wesley H. Prothman".

[President and CEO]

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605]

Name of Policyholder: [ABC Widget, Emergency Services]
Additional Policyholder(s): [ABC Widget, Fire Rescue]

Policy Number:
[123456]

Effective Date:
[February 1, 2006]

Rider Number:
[123456]

This Rider is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This Rider ends concurrently with the **Policy** to which it is attached. This Rider is subject to all of the terms, definitions, provisions and limitations and exceptions of the **Policy**, except where changed by this Rider. If there is a conflict between the **Policy** and this Rider, the terms of the Rider will govern.

WEEKLY HOSPITAL INDEMNITY BENEFIT RIDER

Weekly Hospital Indemnity Benefit	Per Week [\$600]
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We will pay a weekly hospital indemnity benefit if:

- (1) benefits are also payable under Part VI or Part VII of the **Policy**; and
- (2) the **Insured Person** requires **Hospital** confinement for any **Injury** or **Sickness**.

This benefit starts on the first day the **Insured Person** is confined in a **Hospital**. **We** will pay one-seventh (1/7) of the weekly benefit for this Rider for each day of confinement. **We** will not pay for more than 104 weeks as a result of any one **Injury** or **Sickness**.

SIGNED FOR GERBER LIFE INSURANCE COMPANY

[]

[President and CEO]

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605]

Name of Policyholder: [ABC Widget, Emergency Services]
Additional Policyholder(s): [ABC Widget, Fire Rescue]


Policy Number: [123456]	Effective Date: [February 1, 2006]	Rider Number: [123456]
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This schedule is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This schedule ends concurrently with the **Policy** to which it is attached.

SCHEDULE OF POLICYHOLDERS

[Policyholder Name(s)]

SIGNED FOR GERBER LIFE INSURANCE COMPANY

[]
[President and CEO]

<i>SERFF Tracking Number:</i>	<i>GLIN-125616428</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gerber Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39509</i>
<i>Company Tracking Number:</i>	<i>GL-BA-08-P</i>		
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.000 Health - Blanket Accident/Sickness</i>
<i>Product Name:</i>	<i>Special Risk Blanket Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>Special Risk Blanket Insurance Policy/GL-BA-08-P</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>GLIN-125616428</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gerber Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39509</i>
<i>Company Tracking Number:</i>	<i>GL-BA-08-P</i>		
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.000 Health - Blanket Accident/Sickness</i>
<i>Product Name:</i>	<i>Special Risk Blanket Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>Special Risk Blanket Insurance Policy/GL-BA-08-P</i>		

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate ActionInformation:	Attachments
Approved- Closed	Rate Manual	GL-BA-08-P	New		Rate manual without excel chart.pdf
Approved- Closed	Rate Schedule	GL-BA-08-P	New		A&H Rates.pdf

**Gerber Life Insurance Company
A&H – Rating Calculations**

4/10/2008

A&H Rating Calculations

Table of Contents

RATING BASIS	3
CATEGORIES.....	3
RATE CALCULATIONS.....	3
<i>Volunteer</i>	3
<i>Volunteer (continued)</i>	4
<i>Paid Career</i>	4
<i>24 Hour AD&D</i>	4
<i>Full Auxiliary</i>	5
<i>League Sports – Bowling</i>	5
<i>League Sports – Softball/Baseball</i>	5
RATE MODIFICATION	6

A&H Rating Calculations

Rating Basis

The rates applicable to A&H contracts are based on the following:

- whether coverage is primary or excess
- population served
- number of calls
- number of members – volunteer and paid career

Categories

A&H contracts include six coverage categories; Volunteer, Paid Career, Full Auxiliary, League Sports – Bowling, League Sports – Softball/Baseball and 24 Hour AD&D. The main category is Volunteer. This category needs to be provided before any other category can be offered. The coverages and limits for the Paid Career and Full Auxiliary categories follow those selected for the Volunteer category, they can not differ.

Rate Calculations

The rates are provided on a separate spreadsheet titled A&H Rates. The spreadsheet includes tabs for Trust Rates (used for CT and LA also) and NY Rates. The rates are determined by the population served and category. Following are the rate calculations, by category and coverage:

Volunteer

Note that some coverages have specific limits available while others can be any amount within a range.

- Accidental Death and Dismemberment
 - $\text{Rate} \times (\text{Limit}/1,000) \times \text{Calls}$
- Loss of Life
 - $\text{Rate} \times (\text{Limit}/1,000) \times \text{Calls}$
- PPI/Burn Family Expense
 - $\text{Rate} \times (\text{Limit}/1,000) \times \text{Calls}$
- Weekly Disability – Accident
 - $\text{Rate} \times (\text{Limit}/10) \times \text{Calls}$
- Weekly Disability – Sickness
 - $\text{Rate} \times (\text{Limit}/10) \times \text{Calls}$
- Accident – Medical
 - $\text{Rate} \times \text{Calls}$
- Accident – Sickness
 - $\text{Rate} \times \text{Calls}$
- Optional Athletic – Medical
 - Flat Rate
- Optional Athletic – Weekly Disability
 - $\text{Rate} \times (\text{Limit}/10)$

A&H Rating Calculations

Volunteer (continued)

- Optional Hospital Indemnity
 - $\text{Rate} \times (\text{Limit}/100) \times \text{Calls}$
- Optional Weekly Disability
 - $\text{Rate} \times (\text{Limit}/100) \times \text{Calls}$
- Optional Auxiliary – AD&D
 - $\text{Rate} \times (\text{Limit}/1,000)$
- Optional Auxiliary – Weekly Disability
 - $\text{Rate} \times (\text{Limit}/10)$
- Optional Auxiliary – Accident Medical
 - Flat Rate Based on Limit

Paid Career

- Accidental Death and Dismemberment
 - $\text{Rate} \times (\text{Limit}/1,000) \times \text{Calls} \times \# \text{ Paid Career Members}$
- Loss of Life
 - $\text{Rate} \times (\text{Limit}/1,000) \times \text{Calls} \times \# \text{ Paid Career Members}$
- PPI/Burn Family Expense
 - $\text{Rate} \times (\text{Limit}/1,000) \times \text{Calls} \times \# \text{ Paid Career Members}$
- Weekly Disability – Accident
 - $\text{Rate} \times (\text{Limit}/10) \times \text{Calls} \times \# \text{ Paid Career Members}$
- Weekly Disability – Sickness
 - $\text{Rate} \times (\text{Limit}/10) \times \text{Calls} \times \# \text{ Paid Career Members}$
- Accident – Medical
 - $\text{Rate} \times \text{Calls} \times \# \text{ Paid Career Members}$
- Accident – Sickness
 - $\text{Rate} \times \text{Calls} \times \# \text{ Paid Career Members}$
- Optional Athletic – Medical
 - $\text{Rate} \times \# \text{ Paid Career Members}$
- Optional Athletic – Weekly Disability
 - $\text{Rate} \times (\text{Limit}/10) \times \# \text{ Paid Career Members}$
- Optional Hospital Indemnity
 - $\text{Rate} \times (\text{Limit}/100) \times \text{Calls} \times \# \text{ Paid Career Members}$
- Optional Weekly Disability
 - $\text{Rate} \times (\text{Limit}/100) \times \text{Calls} \times \# \text{ Paid Career Members}$
- Optional Auxiliary – AD&D
 - $\text{Rate} \times (\text{Limit}/1,000)$
- Optional Auxiliary – Weekly Disability
 - $\text{Rate} \times (\text{Limit}/10)$
- Optional Auxiliary – Accident Medical
 - Flat Rate Based on Limit

24 Hour AD&D

- Accidental Death and Dismemberment
 - $\text{Rate} \times (\# \text{ Volunteers Members} + \# \text{ Paid Career Members})$
 - Apply a factor of 1.15 if Full Auxiliary coverage is provided
 - Subject to a Minimum Premium of \$250

A&H Rating Calculations

Full Auxiliary

Note that this coverage is not available if Optional Auxiliary Benefits are rated under Volunteer.

- Accidental Death and Dismemberment
 - Volunteer Premium x 0.15
- Loss of Life
 - Volunteer Premium x 0.15
- PPI/Burn Family Expense
 - Volunteer Premium x 0.15
- Weekly Disability – Accident
 - Volunteer Premium x 0.15
- Weekly Disability – Sickness
 - Volunteer Premium x 0.15
- Accident – Medical
 - Volunteer Premium x 0.15
- Accident – Sickness
 - Volunteer Premium x 0.15
- Optional Athletic – Medical
 - Volunteer Premium x 0.15
- Optional Athletic – Weekly Disability
 - Volunteer Premium x 0.15
- Optional Hospital Indemnity
 - Volunteer Premium x 0.15
- Optional Weekly Disability
 - Volunteer Premium x 0.15

League Sports – Bowling

Rates are based on desired limits, number of team members, medical deductible, disability waiting period, and disability max benefit period.

- Accidental Death and Dismemberment
 - Rate x (Limit/1,000) x # Team Members
- Weekly Disability – Accident
 - Rate x (Limit/10) x # Team Members
- Accident – Medical
 - Rate x # Team Members

League Sports – Softball/Baseball

Rates are based on desired limits, number of team members, medical deductible, disability waiting period, and disability max benefit period.

- Accidental Death and Dismemberment
 - Rate x (Limit/1,000) x # Team Members
- Weekly Disability – Accident
 - Rate x (Limit/10) x # Team Members
- Accident – Medical
 - Rate x # Team Members

A&H Rating Calculations

Rate Modification

The following rate modifications (credits) are available:

- Full Time Safety Officer: -10.0%
- 1 Year Loss Free: -3.5%
- 2 Years Loss Free: -5.0%
- 3 Years Loss Free: -7.5%

The following rate modifications (debits) are available:

- *Criteria To Be Determined*: 1% to 15%

If selected/entered, the modification needs to apply to the calculated premiums for all coverages.
Note that the 24 Hour AD&D can not be reduced to less than its minimum premium of \$250.

Accident and Health - Trust Rates

Category	Product	Limit	Rate Group	Primary/Excess	Benefit Period
Volunteer	Accidental Death & Dismemberment		1		
Volunteer	Accidental Death & Dismemberment		2		
Volunteer	Accidental Death & Dismemberment		3		
Volunteer	Accidental Death & Dismemberment		4		
Volunteer	Accidental Death & Dismemberment		5		
Volunteer	PPI/Burn/Family Expense		1		
Volunteer	PPI/Burn/Family Expense		2		
Volunteer	PPI/Burn/Family Expense		3		
Volunteer	PPI/Burn/Family Expense		4		
Volunteer	PPI/Burn/Family Expense		5		
Volunteer	Loss of Life		1		
Volunteer	Loss of Life		2		
Volunteer	Loss of Life		3		
Volunteer	Loss of Life		4		
Volunteer	Loss of Life		5		
Volunteer	Accident - Medical	10,000	1	E	
Volunteer	Accident - Medical	10,000	2	E	
Volunteer	Accident - Medical	10,000	3	E	
Volunteer	Accident - Medical	10,000	4	E	
Volunteer	Accident - Medical	10,000	5	E	
Volunteer	Accident - Medical	25,000	1	E	
Volunteer	Accident - Medical	25,000	2	E	
Volunteer	Accident - Medical	25,000	3	E	
Volunteer	Accident - Medical	25,000	4	E	
Volunteer	Accident - Medical	25,000	5	E	
Volunteer	Accident - Medical	50,000	1	E	
Volunteer	Accident - Medical	50,000	2	E	
Volunteer	Accident - Medical	50,000	3	E	
Volunteer	Accident - Medical	50,000	4	E	
Volunteer	Accident - Medical	50,000	5	E	
Volunteer	Accident - Medical	75,000	1	E	
Volunteer	Accident - Medical	75,000	2	E	
Volunteer	Accident - Medical	75,000	3	E	
Volunteer	Accident - Medical	75,000	4	E	
Volunteer	Accident - Medical	75,000	5	E	

Accident and Health - Trust Rates

Category	Product	Limit	Rate Group	Primary/Excess	Benefit Period
Volunteer	Accident - Medical	100,000	1	E	
Volunteer	Accident - Medical	100,000	2	E	
Volunteer	Accident - Medical	100,000	3	E	
Volunteer	Accident - Medical	100,000	4	E	
Volunteer	Accident - Medical	100,000	5	E	
Volunteer	Accident - Medical	150,000	1	E	
Volunteer	Accident - Medical	150,000	2	E	
Volunteer	Accident - Medical	150,000	3	E	
Volunteer	Accident - Medical	150,000	4	E	
Volunteer	Accident - Medical	150,000	5	E	
Volunteer	Accident - Medical	10,000	1	P	
Volunteer	Accident - Medical	10,000	2	P	
Volunteer	Accident - Medical	10,000	3	P	
Volunteer	Accident - Medical	10,000	4	P	
Volunteer	Accident - Medical	10,000	5	P	
Volunteer	Accident - Medical	25,000	1	P	
Volunteer	Accident - Medical	25,000	2	P	
Volunteer	Accident - Medical	25,000	3	P	
Volunteer	Accident - Medical	25,000	4	P	
Volunteer	Accident - Medical	25,000	5	P	
Volunteer	Accident - Medical	50,000	1	P	
Volunteer	Accident - Medical	50,000	2	P	
Volunteer	Accident - Medical	50,000	3	P	
Volunteer	Accident - Medical	50,000	4	P	
Volunteer	Accident - Medical	50,000	5	P	
Volunteer	Accident - Medical	75,000	1	P	
Volunteer	Accident - Medical	75,000	2	P	
Volunteer	Accident - Medical	75,000	3	P	
Volunteer	Accident - Medical	75,000	4	P	
Volunteer	Accident - Medical	75,000	5	P	
Volunteer	Accident - Medical	100,000	1	P	
Volunteer	Accident - Medical	100,000	2	P	
Volunteer	Accident - Medical	100,000	3	P	
Volunteer	Accident - Medical	100,000	4	P	
Volunteer	Accident - Medical	100,000	5	P	

Accident and Health - Trust Rates

Category	Product	Limit	Rate Group	Primary/Excess	Benefit Period
Volunteer	Accident - Medical	150,000	1	P	
Volunteer	Accident - Medical	150,000	2	P	
Volunteer	Accident - Medical	150,000	3	P	
Volunteer	Accident - Medical	150,000	4	P	
Volunteer	Accident - Medical	150,000	5	P	
Volunteer	Sickness - Medical	10,000	1	E	
Volunteer	Sickness - Medical	10,000	2	E	
Volunteer	Sickness - Medical	10,000	3	E	
Volunteer	Sickness - Medical	10,000	4	E	
Volunteer	Sickness - Medical	10,000	5	E	
Volunteer	Sickness - Medical	25,000	1	E	
Volunteer	Sickness - Medical	25,000	2	E	
Volunteer	Sickness - Medical	25,000	3	E	
Volunteer	Sickness - Medical	25,000	4	E	
Volunteer	Sickness - Medical	25,000	5	E	
Volunteer	Sickness - Medical	50,000	1	E	
Volunteer	Sickness - Medical	50,000	2	E	
Volunteer	Sickness - Medical	50,000	3	E	
Volunteer	Sickness - Medical	50,000	4	E	
Volunteer	Sickness - Medical	50,000	5	E	
Volunteer	Sickness - Medical	75,000	1	E	
Volunteer	Sickness - Medical	75,000	2	E	
Volunteer	Sickness - Medical	75,000	3	E	
Volunteer	Sickness - Medical	75,000	4	E	
Volunteer	Sickness - Medical	75,000	5	E	
Volunteer	Sickness - Medical	100,000	1	E	
Volunteer	Sickness - Medical	100,000	2	E	
Volunteer	Sickness - Medical	100,000	3	E	
Volunteer	Sickness - Medical	100,000	4	E	
Volunteer	Sickness - Medical	100,000	5	E	
Volunteer	Sickness - Medical	150,000	1	E	
Volunteer	Sickness - Medical	150,000	2	E	
Volunteer	Sickness - Medical	150,000	3	E	
Volunteer	Sickness - Medical	150,000	4	E	
Volunteer	Sickness - Medical	150,000	5	E	

Accident and Health - Trust Rates

Category	Product	Limit	Rate Group	Primary/Excess	Benefit Period
Volunteer	Sickness - Medical	10,000	1	P	
Volunteer	Sickness - Medical	10,000	2	P	
Volunteer	Sickness - Medical	10,000	3	P	
Volunteer	Sickness - Medical	10,000	4	P	
Volunteer	Sickness - Medical	10,000	5	P	
Volunteer	Sickness - Medical	25,000	1	P	
Volunteer	Sickness - Medical	25,000	2	P	
Volunteer	Sickness - Medical	25,000	3	P	
Volunteer	Sickness - Medical	25,000	4	P	
Volunteer	Sickness - Medical	25,000	5	P	
Volunteer	Sickness - Medical	50,000	1	P	
Volunteer	Sickness - Medical	50,000	2	P	
Volunteer	Sickness - Medical	50,000	3	P	
Volunteer	Sickness - Medical	50,000	4	P	
Volunteer	Sickness - Medical	50,000	5	P	
Volunteer	Sickness - Medical	75,000	1	P	
Volunteer	Sickness - Medical	75,000	2	P	
Volunteer	Sickness - Medical	75,000	3	P	
Volunteer	Sickness - Medical	75,000	4	P	
Volunteer	Sickness - Medical	75,000	5	P	
Volunteer	Sickness - Medical	100,000	1	P	
Volunteer	Sickness - Medical	100,000	2	P	
Volunteer	Sickness - Medical	100,000	3	P	
Volunteer	Sickness - Medical	100,000	4	P	
Volunteer	Sickness - Medical	100,000	5	P	
Volunteer	Sickness - Medical	150,000	1	P	
Volunteer	Sickness - Medical	150,000	2	P	
Volunteer	Sickness - Medical	150,000	3	P	
Volunteer	Sickness - Medical	150,000	4	P	
Volunteer	Sickness - Medical	150,000	5	P	
Volunteer	Weekly Disability - Accident		1	E	
Volunteer	Weekly Disability - Accident		2	E	
Volunteer	Weekly Disability - Accident		3	E	
Volunteer	Weekly Disability - Accident		4	E	
Volunteer	Weekly Disability - Accident		5	E	

Accident and Health - Trust Rates

Category	Product	Limit	Rate Group	Primary/Excess	Benefit Period
Volunteer	Weekly Disability - Accident		1	P	
Volunteer	Weekly Disability - Accident		2	P	
Volunteer	Weekly Disability - Accident		3	P	
Volunteer	Weekly Disability - Accident		4	P	
Volunteer	Weekly Disability - Accident		5	P	
Volunteer	Weekly Disability - Sickness		1	E	
Volunteer	Weekly Disability - Sickness		2	E	
Volunteer	Weekly Disability - Sickness		3	E	
Volunteer	Weekly Disability - Sickness		4	E	
Volunteer	Weekly Disability - Sickness		5	E	
Volunteer	Weekly Disability - Sickness		1	P	
Volunteer	Weekly Disability - Sickness		2	P	
Volunteer	Weekly Disability - Sickness		3	P	
Volunteer	Weekly Disability - Sickness		4	P	
Volunteer	Weekly Disability - Sickness		5	P	
Volunteer	Optional Athletic-Medical	1,000			
Volunteer	Optional Athletic-Weekly Disability				
Volunteer	Optional Hospital Indemnity		1		
Volunteer	Optional Hospital Indemnity		2		
Volunteer	Optional Hospital Indemnity		3		
Volunteer	Optional Hospital Indemnity		4		
Volunteer	Optional Hospital Indemnity		5		
Volunteer	Optional Weekly Disability		1		
Volunteer	Optional Weekly Disability		2		
Volunteer	Optional Weekly Disability		3		
Volunteer	Optional Weekly Disability		4		
Volunteer	Optional Weekly Disability		5		
Volunteer	Optional Auxiliary AD&D				
Volunteer	Optional Auxiliary Accident - Medical	1,000			
Volunteer	Optional Auxiliary Accident - Medical	5,000			
Volunteer	Optional Auxiliary Accident - Medical	10,000			
Volunteer	Optional Auxiliary - Weekly Disability				
Paid Career	Paid Career AD&D		1		
Paid Career	Paid Career AD&D		2		
Paid Career	Paid Career AD&D		3		
Paid Career	Paid Career AD&D		4		
Paid Career	Paid Career AD&D		5		

Accident and Health - Trust Rates

Category	Product	Limit	Rate Group	Primary/Excess	Benefit Period
Paid Career	Paid Career PPI/Burn/Family Exp		1		
Paid Career	Paid Career PPI/Burn/Family Exp		2		
Paid Career	Paid Career PPI/Burn/Family Exp		3		
Paid Career	Paid Career PPI/Burn/Family Exp		4		
Paid Career	Paid Career PPI/Burn/Family Exp		5		
Paid Career	Paid Career Loss of Life		1		
Paid Career	Paid Career Loss of Life		2		
Paid Career	Paid Career Loss of Life		3		
Paid Career	Paid Career Loss of Life		4		
Paid Career	Paid Career Loss of Life		5		
Paid Career	Paid Career Accident - Medical	10,000	1	E	
Paid Career	Paid Career Accident - Medical	10,000	2	E	
Paid Career	Paid Career Accident - Medical	10,000	3	E	
Paid Career	Paid Career Accident - Medical	10,000	4	E	
Paid Career	Paid Career Accident - Medical	10,000	5	E	
Paid Career	Paid Career Accident - Medical	25,000	1	E	
Paid Career	Paid Career Accident - Medical	25,000	2	E	
Paid Career	Paid Career Accident - Medical	25,000	3	E	
Paid Career	Paid Career Accident - Medical	25,000	4	E	
Paid Career	Paid Career Accident - Medical	25,000	5	E	
Paid Career	Paid Career Accident - Medical	50,000	1	E	
Paid Career	Paid Career Accident - Medical	50,000	2	E	
Paid Career	Paid Career Accident - Medical	50,000	3	E	
Paid Career	Paid Career Accident - Medical	50,000	4	E	
Paid Career	Paid Career Accident - Medical	50,000	5	E	
Paid Career	Paid Career Accident - Medical	75,000	1	E	
Paid Career	Paid Career Accident - Medical	75,000	2	E	
Paid Career	Paid Career Accident - Medical	75,000	3	E	
Paid Career	Paid Career Accident - Medical	75,000	4	E	
Paid Career	Paid Career Accident - Medical	75,000	5	E	
Paid Career	Paid Career Accident - Medical	100,000	1	E	
Paid Career	Paid Career Accident - Medical	100,000	2	E	
Paid Career	Paid Career Accident - Medical	100,000	3	E	
Paid Career	Paid Career Accident - Medical	100,000	4	E	
Paid Career	Paid Career Accident - Medical	100,000	5	E	

Accident and Health - Trust Rates

Category	Product	Limit	Rate Group	Primary/Excess	Benefit Period
Paid Career	Paid Career Accident - Medical	150,000	1	E	
Paid Career	Paid Career Accident - Medical	150,000	2	E	
Paid Career	Paid Career Accident - Medical	150,000	3	E	
Paid Career	Paid Career Accident - Medical	150,000	4	E	
Paid Career	Paid Career Accident - Medical	150,000	5	E	
Paid Career	Paid Career Accident - Medical	10,000	1	P	
Paid Career	Paid Career Accident - Medical	10,000	2	P	
Paid Career	Paid Career Accident - Medical	10,000	3	P	
Paid Career	Paid Career Accident - Medical	10,000	4	P	
Paid Career	Paid Career Accident - Medical	10,000	5	P	
Paid Career	Paid Career Accident - Medical	25,000	1	P	
Paid Career	Paid Career Accident - Medical	25,000	2	P	
Paid Career	Paid Career Accident - Medical	25,000	3	P	
Paid Career	Paid Career Accident - Medical	25,000	4	P	
Paid Career	Paid Career Accident - Medical	25,000	5	P	
Paid Career	Paid Career Accident - Medical	50,000	1	P	
Paid Career	Paid Career Accident - Medical	50,000	2	P	
Paid Career	Paid Career Accident - Medical	50,000	3	P	
Paid Career	Paid Career Accident - Medical	50,000	4	P	
Paid Career	Paid Career Accident - Medical	50,000	5	P	
Paid Career	Paid Career Accident - Medical	75,000	1	P	
Paid Career	Paid Career Accident - Medical	75,000	2	P	
Paid Career	Paid Career Accident - Medical	75,000	3	P	
Paid Career	Paid Career Accident - Medical	75,000	4	P	
Paid Career	Paid Career Accident - Medical	75,000	5	P	
Paid Career	Paid Career Accident - Medical	100,000	1	P	
Paid Career	Paid Career Accident - Medical	100,000	2	P	
Paid Career	Paid Career Accident - Medical	100,000	3	P	
Paid Career	Paid Career Accident - Medical	100,000	4	P	
Paid Career	Paid Career Accident - Medical	100,000	5	P	
Paid Career	Paid Career Accident - Medical	150,000	1	P	
Paid Career	Paid Career Accident - Medical	150,000	2	P	
Paid Career	Paid Career Accident - Medical	150,000	3	P	
Paid Career	Paid Career Accident - Medical	150,000	4	P	
Paid Career	Paid Career Accident - Medical	150,000	5	P	

Accident and Health - Trust Rates

Category	Product	Limit	Rate Group	Primary/Excess	Benefit Period
Paid Career	Paid Career Sickness - Medical	10,000	1	E	
Paid Career	Paid Career Sickness - Medical	10,000	2	E	
Paid Career	Paid Career Sickness - Medical	10,000	3	E	
Paid Career	Paid Career Sickness - Medical	10,000	4	E	
Paid Career	Paid Career Sickness - Medical	10,000	5	E	
Paid Career	Paid Career Sickness - Medical	25,000	1	E	
Paid Career	Paid Career Sickness - Medical	25,000	2	E	
Paid Career	Paid Career Sickness - Medical	25,000	3	E	
Paid Career	Paid Career Sickness - Medical	25,000	4	E	
Paid Career	Paid Career Sickness - Medical	25,000	5	E	
Paid Career	Paid Career Sickness - Medical	50,000	1	E	
Paid Career	Paid Career Sickness - Medical	50,000	2	E	
Paid Career	Paid Career Sickness - Medical	50,000	3	E	
Paid Career	Paid Career Sickness - Medical	50,000	4	E	
Paid Career	Paid Career Sickness - Medical	50,000	5	E	
Paid Career	Paid Career Sickness - Medical	75,000	1	E	
Paid Career	Paid Career Sickness - Medical	75,000	2	E	
Paid Career	Paid Career Sickness - Medical	75,000	3	E	
Paid Career	Paid Career Sickness - Medical	75,000	4	E	
Paid Career	Paid Career Sickness - Medical	75,000	5	E	
Paid Career	Paid Career Sickness - Medical	100,000	1	E	
Paid Career	Paid Career Sickness - Medical	100,000	2	E	
Paid Career	Paid Career Sickness - Medical	100,000	3	E	
Paid Career	Paid Career Sickness - Medical	100,000	4	E	
Paid Career	Paid Career Sickness - Medical	100,000	5	E	
Paid Career	Paid Career Sickness - Medical	150,000	1	E	
Paid Career	Paid Career Sickness - Medical	150,000	2	E	
Paid Career	Paid Career Sickness - Medical	150,000	3	E	
Paid Career	Paid Career Sickness - Medical	150,000	4	E	
Paid Career	Paid Career Sickness - Medical	150,000	5	E	
Paid Career	Paid Career Sickness - Medical	10,000	1	P	
Paid Career	Paid Career Sickness - Medical	10,000	2	P	
Paid Career	Paid Career Sickness - Medical	10,000	3	P	
Paid Career	Paid Career Sickness - Medical	10,000	4	P	
Paid Career	Paid Career Sickness - Medical	10,000	5	P	

Accident and Health - Trust Rates

Category	Product	Limit	Rate Group	Primary/Excess	Benefit Period
Paid Career	Paid Career Sickness - Medical	25,000	1	P	
Paid Career	Paid Career Sickness - Medical	25,000	2	P	
Paid Career	Paid Career Sickness - Medical	25,000	3	P	
Paid Career	Paid Career Sickness - Medical	25,000	4	P	
Paid Career	Paid Career Sickness - Medical	25,000	5	P	
Paid Career	Paid Career Sickness - Medical	50,000	1	P	
Paid Career	Paid Career Sickness - Medical	50,000	2	P	
Paid Career	Paid Career Sickness - Medical	50,000	3	P	
Paid Career	Paid Career Sickness - Medical	50,000	4	P	
Paid Career	Paid Career Sickness - Medical	50,000	5	P	
Paid Career	Paid Career Sickness - Medical	75,000	1	P	
Paid Career	Paid Career Sickness - Medical	75,000	2	P	
Paid Career	Paid Career Sickness - Medical	75,000	3	P	
Paid Career	Paid Career Sickness - Medical	75,000	4	P	
Paid Career	Paid Career Sickness - Medical	75,000	5	P	
Paid Career	Paid Career Sickness - Medical	100,000	1	P	
Paid Career	Paid Career Sickness - Medical	100,000	2	P	
Paid Career	Paid Career Sickness - Medical	100,000	3	P	
Paid Career	Paid Career Sickness - Medical	100,000	4	P	
Paid Career	Paid Career Sickness - Medical	100,000	5	P	
Paid Career	Paid Career Sickness - Medical	150,000	1	P	
Paid Career	Paid Career Sickness - Medical	150,000	2	P	
Paid Career	Paid Career Sickness - Medical	150,000	3	P	
Paid Career	Paid Career Sickness - Medical	150,000	4	P	
Paid Career	Paid Career Sickness - Medical	150,000	5	P	
Paid Career	Paid Career Weekly Disability - Accident		1	E	
Paid Career	Paid Career Weekly Disability - Accident		2	E	
Paid Career	Paid Career Weekly Disability - Accident		3	E	
Paid Career	Paid Career Weekly Disability - Accident		4	E	
Paid Career	Paid Career Weekly Disability - Accident		5	E	
Paid Career	Paid Career Weekly Disability - Accident		1	P	
Paid Career	Paid Career Weekly Disability - Accident		2	P	
Paid Career	Paid Career Weekly Disability - Accident		3	P	
Paid Career	Paid Career Weekly Disability - Accident		4	P	
Paid Career	Paid Career Weekly Disability - Accident		5	P	

Accident and Health - Trust Rates

Category	Product	Limit	Rate Group	Primary/Excess	Benefit Period
Paid Career	Paid Career Weekly Disability - Sickness		1	E	
Paid Career	Paid Career Weekly Disability - Sickness		2	E	
Paid Career	Paid Career Weekly Disability - Sickness		3	E	
Paid Career	Paid Career Weekly Disability - Sickness		4	E	
Paid Career	Paid Career Weekly Disability - Sickness		5	E	
Paid Career	Paid Career Weekly Disability - Sickness		1	P	
Paid Career	Paid Career Weekly Disability - Sickness		2	P	
Paid Career	Paid Career Weekly Disability - Sickness		3	P	
Paid Career	Paid Career Weekly Disability - Sickness		4	P	
Paid Career	Paid Career Weekly Disability - Sickness		5	P	
Paid Career	Paid Career Optional Athletic Medical	1,000			
Paid Career	Paid Career Optional Athletic Weekly Disability				
Paid Career	Paid Career Optional Hospital Indemnity		1		
Paid Career	Paid Career Optional Hospital Indemnity		2		
Paid Career	Paid Career Optional Hospital Indemnity		3		
Paid Career	Paid Career Optional Hospital Indemnity		4		
Paid Career	Paid Career Optional Hospital Indemnity		5		
Paid Career	Paid Career Optional Weekly Disability		1		
Paid Career	Paid Career Optional Weekly Disability		2		
Paid Career	Paid Career Optional Weekly Disability		3		
Paid Career	Paid Career Optional Weekly Disability		4		
Paid Career	Paid Career Optional Weekly Disability		5		
Paid Career	Paid Career Optional Auxiliary AD&D				
Paid Career	Paid Career Optional Auxiliary Accident Medical	1,000			
Paid Career	Paid Career Optional Auxiliary Accident Medical	5,000			
Paid Career	Paid Career Optional Auxiliary Accident Medical	10,000			
Paid Career	Paid Career Optional Auxiliary Weekly Disability				
24 Hr AD&D	24 Hour AD&D	10,000			
LS-Bowling	League Sports Bowling AD&D				
LS-Bowling	League Sports Bowling Weekly Indemnity				26
LS-Bowling	League Sports Bowling Weekly Indemnity				52
LS-Bowling	League Sports Bowling Weekly Indemnity				26
LS-Bowling	League Sports Bowling Weekly Indemnity				52
LS-Bowling	League Sports Bowling Medical Expense	1,000			
LS-Bowling	League Sports Bowling Medical Expense	5,000			
LS-Bowling	League Sports Bowling Medical Expense	10,000			

Accident and Health - Trust Rates

Category	Product	Limit	Rate Group	Primary/Excess	Benefit Period
LS-Bowling	League Sports Bowling Medical Expense	1,000			
LS-Bowling	League Sports Bowling Medical Expense	5,000			
LS-Bowling	League Sports Bowling Medical Expense	10,000			
LS-Bowling	League Sports Bowling Medical Expense	1,000			
LS-Bowling	League Sports Bowling Medical Expense	5,000			
LS-Bowling	League Sports Bowling Medical Expense	10,000			
LS-Softball	League Sports Softball/Baseball AD&D				
LS-Softball	League Sports Softball/Baseball Weekly Indemnity				26
LS-Softball	League Sports Softball/Baseball Weekly Indemnity				52
LS-Softball	League Sports Softball/Baseball Weekly Indemnity				26
LS-Softball	League Sports Softball/Baseball Weekly Indemnity				52
LS-Softball	League Sports Softball/Baseball Medical Expense	1,000			
LS-Softball	League Sports Softball/Baseball Medical Expense	5,000			
LS-Softball	League Sports Softball/Baseball Medical Expense	10,000			
LS-Softball	League Sports Softball/Baseball Medical Expense	1,000			
LS-Softball	League Sports Softball/Baseball Medical Expense	5,000			
LS-Softball	League Sports Softball/Baseball Medical Expense	10,000			
Full Auxiliary	All Products				

Rate Group	Population
1	1-2,000
2	2,001-5,000
3	5,001-12,000
4	12,001-30,000
5	30,001>

Rate Modification	Credits
Full Time Safety Officer	-10.00%
1 Year Loss Free	-3.50%
2 Years Loss Free	-5.00%
3 Years Loss Free	-7.50%
	Debits
Criteria TBD	1% to 15%

Accident and Health - Trust Rates

Waiting Period	Deductible	Rate
		0.13224
		0.06612
		0.03696
		0.01668
		0.01452
		0.07344
		0.03924
		0.02220
		0.00984
		0.00768
		0.12600
		0.06396
		0.03384
		0.01536
		0.01248
		1.49390
		0.86340
		0.52340
		0.26620
		0.22250
		3.00000
		1.74140
		1.05500
		0.53800
		0.44870
		5.51020
		3.20480
		1.94090
		0.99110
		0.82670
		5.51020
		3.20480
		1.94090
		0.99110
		0.82670

Accident and Health - Trust Rates

Waiting Period	Deductible	Rate
		6.88775
		4.00600
		2.42613
		1.23888
		1.03338
		8.26530
		4.80720
		2.91135
		1.48665
		1.24005
		16.70210
		8.48290
		4.98620
		2.29870
		1.79150
		33.71020
		17.13170
		10.07520
		4.64240
		3.61720
		62.05720
		31.54630
		18.55160
		8.54860
		6.66000
		62.05720
		31.54630
		18.55160
		8.54860
		6.66000
		77.57150
		39.43288
		23.18950
		10.68575
		8.32500

Accident and Health - Trust Rates

Waiting Period	Deductible	Rate
		93.08580
		47.31945
		27.82740
		12.82290
		9.99000
		0.17830
		0.14300
		0.07610
		0.04510
		0.02900
		0.22930
		0.18280
		0.09740
		0.05770
		0.03730
		0.29150
		0.22570
		0.12050
		0.07220
		0.04620
		0.29150
		0.22570
		0.12050
		0.07220
		0.04620
		0.36438
		0.28213
		0.15063
		0.09025
		0.05775
		0.43725
		0.33855
		0.18075
		0.10830
		0.06930

Accident and Health - Trust Rates

Waiting Period	Deductible	Rate
		2.65190
		1.57200
		0.68840
		0.42380
		0.21850
		3.37990
		1.73060
		0.88100
		0.43090
		0.28040
		4.16470
		2.13340
		1.09150
		0.53260
		0.34860
		4.16470
		2.13340
		1.09150
		0.53260
		0.34860
		5.20588
		2.66675
		1.36438
		0.66575
		0.43575
		6.24705
		3.20010
		1.63725
		0.79890
		0.52290
		1.44360
		0.68940
		0.38520
		0.18250
		0.14460

Accident and Health - Trust Rates

Waiting Period	Deductible	Rate
		1.91900
		0.91600
		0.51230
		0.24250
		0.19250
		0.70850
		0.35740
		0.17740
		0.08570
		0.06080
		0.89980
		0.47990
		0.23990
		0.11360
		0.07940
		21.60000
		14.40000
		0.31840
		0.15610
		0.07250
		0.03760
		0.02230
		3.18360
		1.46400
		0.72480
		0.34320
		0.20520
		2.40000
		12.00000
		60.00000
		120.00000
		13.80000
		0.00540
		0.00260
		0.00140
		0.00070
		0.00060

Accident and Health - Trust Rates

Waiting Period	Deductible	Rate
		0.00290
		0.00160
		0.00080
		0.00040
		0.00040
		0.00500
		0.00250
		0.00080
		0.00060
		0.00050
		0.05880
		0.03420
		0.02090
		0.01060
		0.00890
		0.11390
		0.06920
		0.04210
		0.02140
		0.01790
		0.20570
		0.12780
		0.07730
		0.03940
		0.03290
		0.23141
		0.14378
		0.08696
		0.04433
		0.03701
		0.25713
		0.15975
		0.09663
		0.04925
		0.04113

Accident and Health - Trust Rates

Waiting Period	Deductible	Rate
		0.03855
		0.19170
		0.11595
		0.05910
		0.04935
		0.66900
		0.33950
		0.19970
		0.09190
		0.07160
		1.34820
		0.68480
		0.40330
		0.18580
		0.14470
		1.41760
		1.26050
		0.74260
		0.34200
		0.26640
		1.59480
		1.41806
		0.83543
		0.38480
		0.29970
		1.77200
		1.57563
		0.92825
		0.42750
		0.33300
		2.12640
		1.89075
		1.11390
		0.51300
		0.39960

Accident and Health - Trust Rates

Waiting Period	Deductible	Rate
		0.01720
		0.01500
		0.00560
		0.00480
		0.00240
		0.02990
		0.02270
		0.01760
		0.00920
		0.00380
		0.05040
		0.03860
		0.03420
		0.01490
		0.00620
		0.05670
		0.04343
		0.03848
		0.01676
		0.00698
		0.06300
		0.04825
		0.04275
		0.01863
		0.00775
		0.07560
		0.05790
		0.05130
		0.02235
		0.00930
		0.18320
		0.09280
		0.05050
		0.02400
		0.01690

Accident and Health - Trust Rates

Waiting Period	Deductible	Rate
		0.29410
		0.15010
		0.08380
		0.03910
		0.02840
		0.46190
		0.23690
		0.13460
		0.06230
		0.04610
		0.51964
		0.26651
		0.15143
		0.07009
		0.05186
		0.57738
		0.29613
		0.16825
		0.07788
		0.05763
		0.69285
		0.35535
		0.20190
		0.09345
		0.06915
		0.02840
		0.01360
		0.01000
		0.00360
		0.00290
		0.03780
		0.01800
		0.01010
		0.00480
		0.00380

Accident and Health - Trust Rates

Waiting Period	Deductible	Rate
		0.01150
		0.00590
		0.00290
		0.00140
		0.00110
		0.01540
		0.00760
		0.00380
		0.00180
		0.00130
		0.86400
		0.57600
		0.01270
		0.00620
		0.00290
		0.00160
		0.00080
		0.12720
		0.06240
		0.02880
		0.01560
		0.00840
		2.40000
		12.00000
		60.00000
		120.00000
		1.38000
		4.50000
		0.12000
0		0.13200
0		0.14400
7		0.09600
7		0.10800
	0	2.76000
	0	3.36000
	0	3.60000

Accident and Health - Trust Rates

Waiting Period	Deductible	Rate
	50	1.50000
	50	2.04000
	50	2.22000
	100	1.26000
	100	1.80000
	100	1.98000
		0.18000
0		1.51200
0		1.70400
7		1.21200
7		1.40400
	50	17.64000
	50	24.42000
	50	26.46000
	100	15.12000
	100	21.90000
	100	23.94000
		0.15000

<i>SERFF Tracking Number:</i>	<i>GLIN-125616428</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gerber Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39509</i>
<i>Company Tracking Number:</i>	<i>GL-BA-08-P</i>		
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.000 Health - Blanket Accident/Sickness</i>
<i>Product Name:</i>	<i>Special Risk Blanket Insurance Policy</i>		
<i>Project Name/Number:</i>	<i>Special Risk Blanket Insurance Policy/GL-BA-08-P</i>		

Supporting Document Schedules

Satisfied -Name:	Certification/Notice	Review Status:	Approved-Closed	07/07/2008
Comments:				
Attachment:				
	ARKANSAS CERTIFICATION.pdf			

Bypassed -Name:	Application	Review Status:	Approved-Closed	07/07/2008
Bypass Reason:	See forms schedule			
Comments:				

Satisfied -Name:	Actuarial Memorandum	Review Status:	Approved-Closed	07/07/2008
Comments:				
Attachment:				
	Blanket Insurance ESO ACTUARIAL MEMORANDUM.pdf			

Satisfied -Name:	Annotated Variable Pages	Review Status:	Approved-Closed	07/07/2008
Comments:	Here are all annotated variable pages.			
Attachments:				
	Annotated Variable Pages - GL-BA-08-P.pdf			
	Annotated Variable Pages GL-BA-08-AMB-R.pdf			
	Annotated Variable Pages GL-BA-08-CP-R.pdf			
	Annotated Variable Pages GL-BA-08-FAMB-R.pdf			
	Annotated Variable Pages GL-BA-08-MB-R.pdf			
	Annotated Variable Pages GL-BA-08-SOP.pdf			
	Annotated Variable Pages GL-BA-08-STBR-R.pdf			
	Annotated Variable Pages GL-BA-08-WHI-R.pdf			
	Annotated Variable Pages GL-BA-08-AWDB-R.pdf			
	Annotated Variable Pages GL-BA-08-END.pdf			

SERFF Tracking Number: GLIN-125616428 State: Arkansas
Filing Company: Gerber Life Insurance Company State Tracking Number: 39509
Company Tracking Number: GL-BA-08-P
TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
Product Name: Special Risk Blanket Insurance Policy
Project Name/Number: Special Risk Blanket Insurance Policy/GL-BA-08-P

Review Status:
Satisfied -Name: Readability Certification Approved-Closed 07/07/2008
Comments:
Attachment:
Readability Certification.pdf

Review Status:
Satisfied -Name: Statement of Variability Approved-Closed 07/07/2008
Comments:
Attachments:
GL-BA-08-AM-R-SOVL.pdf
GL-BA-08-AWDB-R-SOVL.pdf
GL-BA-08-CP-R-SOVL.pdf
GL-BA-08-END-SOVL.pdf
GL-BA-08-MB-R-SOVL.pdf
GL-BA-08-NY-SOVL.pdf
GL-BA-08-OTSB-R-SOVL.pdf
GL-BA-08-P-SOVL.pdf
GL-BA-08-SOP-SOVL.pdf
GL-BA-08-WHI-R-SOVL.pdf

Review Status:
Satisfied -Name: Cover Letter Approved-Closed 07/07/2008
Comments:
Attachment:
Cover Letter.pdf

ARKANSAS CERTIFICATION

I, Robert Lodewick, Vice President and General Counsel of Gerber Life Insurance Company, certify that we are in compliance with:

Rule and Regulation 19 and 49 of the Arkansas Code.

Sincerely,

ACTUARIAL MEMORANDUM

GERBER LIFE INSURANCE COMPANY

1311 Mamaroneck Ave
New York, NY 10605

Special Risk Blanket Insurance Policy
Policy Form Number: GL-BA-08-P

1. SCOPE & PURPOSE

The purpose of this memorandum is to file Blanket Insurance Policy rates as required by New York Regulation 52.40(c). This is a new product filing for the Company and not intended to replace any existing filing. This policy provides blanket insurance coverage to members of Emergency Services Organizations (ESOs). ESOs are volunteer fire departments, volunteer ambulance/rescue organizations or similar emergency volunteer groups. Benefits under the policy are for injuries or sickness arising from Covered Activities associated with volunteer duties.

2. DESCRIPTION OF COVERED ACTIVITIES ARE BENEFITS

This benefit program is designed to pay benefits for injuries and sickness arising from Covered Activities for members of ESOs. Covered Activities include but are not limited to:

- fire suppression or an emergency response;
- rescue or emergency medical activity;
- training exercise;
- fund raising including athletic activities; however, covered athletic activities are limited to those performed for the sole purpose of fund-raising for the Policyholder;
- a drill, parade, conference, convention, meeting or dinner; or
- a firematic event or contest, or other competitive or non-competitive training school or program.

The benefits provided under this blanket insurance form can be grouped as:

- 1. Core Benefits for Covered Activities
 - 1.1. Core Benefit – 24-Hour Accidental Death and Dismemberment
 - 1.1.1. Optional Benefits

1. CORE BENEFITS FOR COVERED ACTIVITIES

Part I - Indemnity Benefits

- A. Accidental Death, Dismemberment, Loss of Sight, Speech or Hearing, Injury Only
- B. Accidental Loss of Life – Sickness only
- C. Additional Seat Belt Benefit – Injury only
- D. Post-Traumatic Stress Disorder

Part II - Permanent Physical Impairment Benefit – Injury Only

Part III - Cosmetic Burn Disfigurement Benefit – Injury Only

Part IV - Medical Expense Benefits – Injury Only

- A. Medical Expense
- B. Plastic Surgery

Part V - Medical Expense Benefits – Sickness Only

- A. Medical Expense
- B. Preventive Inoculations

Part VI - Weekly Disability Benefit – Injury Only

- A. Total Disability
- B. Partial Disability

Part VII - Weekly Disability Benefit – Sickness Only

- A. Total Disability
- B. Partial Disability

Part VIII - Family Expense Benefit – Injury or Sickness

Part IX - Family Education Benefit – Injury or Sickness

- A. Dependent Child
- B. Surviving Spouse
- C. Other

Part X - Athletic And Special Events Benefit – Injury Only

- A. Medical Expense
- B. Total Disability

Part XI - HIV Benefit

- A. HIV Lump Sum
- B. HIV Infection Prevention

Part XII - Physical Assault Benefit – Injury Only

- A. Supplemental Benefits for Part(s) I, II or III
- B. Supplemental Benefits for Part(s) VI or VII

Part XIII - Day Care Expense Benefit – Injury Or Sickness

Part XIV - Permanent Physical Impairment Education Benefit – Injury Only

Part XV - Continuation Of Coverage

1.1 CORE BENEFIT – 24-HOUR COVERAGE

Part XVI - Accidental Death And Dismemberment Benefit – Injury Only

- A. Loss of Life
- B. Dismemberment Loss as listed under Part I ‘A’ Description of Benefits

1.1.1. OPTIONAL BENEFITS

• RIDERS

- A. Additional Weekly Disability Rider
- B. Auxiliary Member Benefit Rider
- C. Career Personnel Rider
- D. Full Auxiliary Member
- E. Municipality Rider
- F. Organized Team Sports Benefit Rider
- G. Weekly Hospital Indemnity Benefit Rider

See the Policy Schedule for specific benefit amounts and coverage maximums.

3. **RENEWABILITY CLAUSE**

Renewability is at the discretion of either the Company or the ESO.

4. **APPLICABILITY**

The rate tables apply to current year's business. The Company has the ability to adjust premiums in the future.

5. **MORBIDITY**

As discussed in the 1 and 2 above, this policy provides blanket insurance coverage to members of Emergency Services Organizations (ESOs). Because of the unique population covered under this policy (see item 2 above), availability of industry statistics (incidence rates and claim costs) is limited. As a result, the rates presented here are based upon the database of McNeil and Company (a New York Company). McNeil and Company has experience with ESO programs and the rates presented here reflect data from their own proprietary statistical database for benefits of this nature.

6. **MORTALITY**

Same as 5. above.

7. **PERSISTENCY**

Persistency assumptions were not used in the pricing of this product.

8. **EXPENSES**

For all policy years, as 35% expense assumption as a percentage of gross premium was used. The allocations of these expenses are as follows:

Premium Taxes	2.5%
Commissions	12.5%
Underwriting, Claims and Administration	20.0%
Total	35.0%

9. **MARKETING METHOD**

This product will be marketed through properly licensed agents.

10. **UNDERWRITING**

Since this product is sold as "blanket" coverage to ESOs, no underwriting of members/volunteers is performed.

11. **RATE CLASSES**

Rates vary by the following rating characteristic:

- Benefit Level
- Population/Territory Size
- Number of Expected Annual Response to Fire/Rescue Calls

12. **ISSUE AGE RANGE**

No age restrictions.

13. **AREA FACTORS**

Area factors will not apply to this Form.

14. **AVERAGE ANNUAL PREMIUM**

Expected average annual premium per ESO is \$3,120.

15. **PREMIUM MODULAZATION RULES**

This form quotes annual premiums

16. **CLAIM LIABILITY & RESERVES**

The claim liability reserves for all incurred but unpaid claims, including accrued and unaccrued, will be developed using standard actuarial methods as prescribed by the Actuarial Standards Board of the American Academy of Actuaries.

17. **ACTIVE LIFE RESERVES**

Not applicable to this form.

18. **TREND ASSUMPTIONS**

Trend factors do not apply to this product.

19. **MINIMUM REQUIRED LOSS RATIO**

Based upon New York Rule 42.45(f), the minimum loss ratio for blanket Insurance is 65%.

20. **ANTICIPATED LOSS RATIO AND EXPECTED BENEFIT RATIO**

65%

21. **DISTRIBUTION OF BUSINESS**

This is a new product filing – distribution of business not known.

22. **CONTINGENCY & RISK MARGINS**

Contingency margin for adverse risk built implicitly into expenses (item 8 above).

23. **EXPERIENCE ON THE FORM**

This is a new form filing for the Company; no experience on this or any similar form is available.

24. **LIFETIME LOSS RATIO**

The anticipated Lifetime Loss Ratio is 65%.

25. **HISTORY OF RATE ADJUSTMENTS**

Not applicable.

26. **NUMBER OF POLICYHOLDERS**

Not applicable – this is a new filing.

27. **PROPOSED EFFECTIVE DATE**

Upon Department of Insurance approval.

28. **ACTUARIAL CERTIFICATION**

As stated above, the purpose of this filing is to demonstrate that his rate filing meets the requirements under New York Regulation 52.40(c) for Blanket Insurance. This filing is not intended to be used for other purposes.

I hereby certify, to the best of my knowledge and judgment:

1. the rates are neither inadequate nor excessive nor unfairly discriminatory; and
2. the rates are appropriate for the classes of risks for which they have been computed.

Respectfully submitted,



Warren Silberstein, FSA, MAAA
Vice President & Chief Actuary

Policyholder: [ABC Widget, Emergency Services] 2

Additional Policyholder: [ABC Widget, Fire Rescue] 3

Policy Number:
[123456] 4

Policy Effective Date:
[February 1, 2006] 5

Policy Expiration Date:
[February 1, 2007] 6

SPECIAL RISK BLANKET INSURANCE POLICY

In this **Policy**, **We**, **Our** or **Us** refer to the Gerber Life Insurance Company. All other words that appear in bold type have special meanings and are defined in the definitions section of this policy.

This **Policy** is issued in consideration of the application made by the **Policyholder**, attached to and made part of this **Policy**. Coverage under the **Policy** is provided in consideration of the payment of the required premium when due. It is a legal contract between the **Policyholder** named in the application and **Us** to insure certain members of the **Policyholder(s)** shown in the schedule for covered loss, subject to its provisions, exclusions, and conditions. The covered member is the **Insured Person**.

Policy Term - Effective and Termination Dates

Coverage will begin on the later of the following dates:

- (1) the **Policy Effective Date**, or;
- (2) the date he becomes an **Insured Person** as defined.

Coverage will end at the earlier of:

- (1) the **Policy Expiration Date**, or;
- (2) the date he no longer meets the definition of **Insured Person**.

The **Policy** may be terminated by the **Policyholder** or **Us** at any time after the first **Policy Term** shown in the schedule. All periods of insurance under this **Policy** will begin and end at 12:01 a.m. Standard Time at the location of the **Policyholder**. Termination will not affect a covered loss that commences while this **Policy** is in force.

Renewal

Subject to the **Policy Term – Effective Date and Termination** provision, the **Policy** may be renewed by **Us** for additional consecutive **Policy Terms** upon payment of the premium in effect at the time of such renewal. If the **Policy** is not renewed, insurance will stop as of the date the last **Policy Term** ends.

Premiums

Premiums are payable at payment intervals agreed to by **Us** and the **Policyholder**. Premiums are due on the first day of each payment interval and must be paid to **Us** or to any agent designated by **Us** to accept premiums.

SIGNED FOR GERBER LIFE INSURANCE COMPANY

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[President and CEO] 9

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[Secretary] 9

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SCHEDULE

Policyholder: [ABC Widget, Emergency Services] 1

Policy Number: [123456] 2

Additional Policyholder(s): [example] 3	Premium: [example] 4

Address: [] 5

Policy Term: from: [] to: [] 6

The Policy provides only those benefits shown below that are checked and have a specified amount entered opposite the name of the benefit. Benefits not included are followed by an entry of the word "nil".

BENEFITS

AMOUNT OF INSURANCE

- | | |
|--|--|
| <input type="checkbox"/> Part I – Indemnity Benefits
A. Accidental Death, Dismemberment, Loss of Sight, Speech
or Hearing – Injury Only
B. Additional Loss of Life – Sickness Only
C. Additional Seat Belt Benefit – Injury Only
D. Post Traumatic Stress Disorder | Principal Sum \$[250,000] 7
Principal Sum \$[250,000] 8
Maximum \$[62,500] 9
Maximum \$[1,000] 10 |
| <input type="checkbox"/> Part II – Permanent Physical Impairment Benefit – Injury Only | Principal Sum \$[250,000] 11 |
| <input type="checkbox"/> Part III –Cosmetic Burn Disfigurement Benefit – Injury Only | Principal Sum \$[250,000] 12 |
| <input type="checkbox"/> Part IV – Medical Expense Benefits – Injury Only
A. Medical Expense
B. Plastic Surgery | Maximum\$[150,000] 13
Maximum \$[10,000] 14 |
| <input type="checkbox"/> Part V – Medical Expense Benefits – Sickness Only
A. Medical Expense
B. Preventive Inoculations | Maximum\$[150,000] 15
Maximum \$[10,000] 16 |
| <input type="checkbox"/> Part VI – Weekly Disability Benefit – Injury Only
A. Total Disability
B. Partial Disability | Per Week \$[600] 17
Per Week \$[600] 18 |
| <input type="checkbox"/> Part VII – Weekly Disability Benefit – Sickness Only
A. Total Disability
B. Partial Disability | Per Week \$[600] 19
Per Week \$[600] 20 |
| <input type="checkbox"/> Part VIII – Family Expense Benefit – Injury or Sickness | Maximum \$[10,000] 21 |
| <input type="checkbox"/> Part IX – Family Education Benefit – Injury or Sickness
A. Dependent Child
B. Surviving Spouse
C. Other | Maximum \$[5,000] 22
Maximum \$[5,000] 23
Maximum \$[1,000] 24 |

BENEFITS**AMOUNT OF INSURANCE**☐ **Part X – Athletic and Special Events Benefits – Sickness Only**

- A. Medical Expense
- B. Total Disability

Maximum \$[1,000] **25**
Per Week \$[200] **26**

☐ **Part XI – HIV Benefit**

- A. HIV Lump Sum
- B. HIV Infection Prevention

Maximum \$[250,000] **27**
Maximum \$[3,500] **28**

☐ **Part XII – Physical Assault Benefit – Injury Only**

- A. Supplemental Benefits for Part(s) I, II, or III
- B. Supplemental Benefits for Part(s) VI or VII

Maximum \$[62,500] **29**
Maximum \$[62,500] **30**

☐ **Part XIII – Day Care Expense Benefit – Injury or Sickness**

Household Maximum (per Day) \$[30] **31**
Up to a Maximum of [26 Weeks] **32**

☐ **Part XIV – Permanent Physical Impairment Education Benefit – Injury Only**

35% of Permanent Physical Impairment Benefit – Maximum \$[20,000] **33**

☐ **Part XV – Continuation of Coverage Benefit – Injury Only**

Per Month \$[500] **34**
Maximum \$[6,000] **35**

☐ **Part XVI – Accidental Death and Dismemberment Benefit – Injury Only (24-Hour Coverage)**

- A. Loss of Life
- B. Dismemberment Loss as listed under Part I 'A' Description of Benefits

Principal Sum \$[10,000] **36**
We will pay the % listed of the
Principal Sum payable for Loss
of Life under this Part XVI
Maximum \$[10,000] **37**

RIDER FORMS ATTACHED AT ISSUANCE:

Riders attached to this Policy will provide the coverage described in the Rider at the benefit levels shown in the Rider.

- ☐ Additional Weekly Disability Benefit Rider
- ☐ Auxiliary Member Benefit Rider
- ☐ Career Personnel Rider
- ☐ Full Auxiliary Member Benefit Rider
- ☐ Municipality Benefit Rider
- ☐ Organized Team Sports Benefit Rider
- ☐ Weekly Hospital Indemnity Benefit Rider

HOW BENEFITS ARE PAID:

- ☐ If **"Primary"**, **We** will pay covered medical expenses incurred by an **Insured Person** on a primary basis without regard to benefits that may be paid or payable under any **Other Valid and Collectible Insurance**.
- ☐ If **"Excess"**, **We** will not pay covered medical expenses incurred by an **Insured Person** that are paid or payable under any **Other Valid and Collectible Insurance**.

Name of Policyholder: [ABC Widget, Emergency Services] 2
Additional Policy holder(s): [ABC Widget, Fire Rescue] 3

Policy Number: [123456] 4 **Effective Date:** [February 1, 2006] 5 **Rider Number:** [123456] 6

This Rider is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This Rider ends concurrently with the **Policy** to which it is attached. This Rider is subject to all of the terms, definitions, provisions and limitations and exceptions of the **Policy**, except where changed by this Rider. If there is a conflict between the **Policy** and this Rider, the terms of the Rider will govern.

AUXILIARY MEMBER BENEFIT RIDER

Auxiliary Member Benefit		
A. Accidental Death, Dismemberment, Loss of Sight, Speech or Hearing – Injury Only	Principal Sum	[\$25,000] 7
B. Medical Expense – Injury Only	Maximum	[\$10,000] 8
C. Total Disability – Injury Only	Per Week	[\$300] 9

If **Injury** to an **Auxiliary Member** results from participation in a **Covered Activity**, **We** will pay the following:

A. Indemnity Benefits – Injury only

We will pay for the losses listed in “A” of Part I of the **Policy**, subject to the Principal Sum listed in “A” for this Rider if an **Injury** results in a covered loss.

B. Medical Expense Benefit – Injury only

If, as the result of **Injury**, an **Auxiliary Member** is required to: (1) receive treatment from a **Physician**; (2) be confined in a **Hospital**; (3) receive the services of a licensed nurse upon the recommendation of a **Physician**; or (4) receive **Home Health Care**; **We** will pay the **Reasonable and Customary Expense** incurred for such services. **We** will not pay more than the Maximum listed for “B” of this Rider.

C. Weekly Disability Benefit – Injury only

We will pay the weekly benefit listed for “C” of this Rider if the **Auxiliary Member** becomes **Totally Disabled** within 30 days after the date of **Injury**. For any benefit provided for less than a week, **We** will pay one-seventh (1/7) of the weekly benefit for this Rider for each full day the **Auxiliary Member** is **Totally Disabled** up to the applicable maximum. **We** will pay up to a maximum of 52 weeks for any one accident.

Auxiliary Member means:

- (1) a member of the **Policyholder’s** auxiliary organization, by whatever name called;
- (2) any person while assisting the auxiliary organization if requested to do so by any officially designated member in good standing of the **Policyholder** or the auxiliary organization; and
- (3) any person while assisting the **Policyholder** if requested to do so by any officially designated member in good standing of such organization.

SIGNED FOR GERBER LIFE INSURANCE COMPANY

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[President and CEO] 11

10

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605] 1

Name of Policyholder: [ABC Widget, Emergency Services] 2
Additional Policyholder: [ABC Widget, Fire Rescue] 3


Policy Number: [123456] 4	Effective Date: [February 1, 2006] 5	Rider Number: [123456] 6
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This Rider is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This Rider ends concurrently with the **Policy** to which it is attached. This Rider is subject to all of the terms, definitions, provisions and limitations and exceptions of the **Policy**, except where changed by this Rider. If there is a conflict between the **Policy** and this Rider, the terms of the Rider will govern.

CAREER PERSONNEL RIDER

The definition of **Insured Person** is amended to include a paid employee of the **Policyholder** who works more than 1,300 hours annually for the **Policyholder** and who is acting within the scope of his employment.

SIGNED FOR GERBER LIFE INSURANCE COMPANY

[] 7
[President and CEO] 8

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605] ¹

Name of Policyholder: [ABC Widget, Emergency Services] ²
Additional Policyholder(s): [ABC Widget, Fire Rescue] ³

Policy Number: [123456] ⁴	Effective Date: [February 1, 2006] ⁵	Rider Number: [123456] ⁶
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This Rider is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This Rider ends concurrently with the **Policy** to which it is attached. This Rider is subject to all of the terms, definitions, provisions and limitations and exceptions of the **Policy**, except where changed by this Rider. If there is a conflict between the **Policy** and this Rider, the terms of the Rider will govern.


FULL AUXILIARY MEMBER BENEFIT RIDER

The definition of **Insured Person** is amended to include **Auxiliary Members**:

Auxiliary Member means:

- (1) a member of the **Policyholder's** auxiliary organization, by whatever name called;
- (2) any person assisting the auxiliary organization if requested to do so by any officially designated member in good standing of the **Policyholder** or the auxiliary organization; and
- (3) any person assisting the **Policyholder** if requested to do so by any officially designated member in good standing of such organization.

SIGNED FOR GERBER LIFE INSURANCE COMPANY

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[President and CEO] ⁸

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Name of Policyholder: [City of ABC] 2
Additional Policyholder(s): [City of ABC, Fire Rescue] 3

Policy Number: [123456] 4	Effective Date: [February 1, 2006] 5	Rider Number: [123456] 6
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This Rider is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This Rider ends concurrently with the **Policy** to which it is attached. This Rider is subject to all of the terms, definitions, provisions and limitations and exceptions of the **Policy**, except where changed by this Rider. If there is a conflict between the **Policy** and this Rider, the terms of the Rider will govern.

MUNICIPALITY BENEFIT RIDER

- 1) The definition of **Insured Person** is deleted and replaced by the following:

Coverage under the **Policy** is limited to those **Insured Person(s)** of the fire, emergency, rescue or ambulance department listed below, of the Municipality stated as the **Policyholder**:

Designated **Municipality** fire, emergency, rescue or ambulance department:

[ABC Widget, Emergency Services] 7

- 2) **Exclusion** (9) is deleted and replaced with the following:

- (9) Any medical expenses for **Injury** or **Sickness** when paid or payable under any Workers' Compensation or similar law, except as provided under Part I of the **Policy** for Post-Traumatic Stress Disorder. This does not apply to a paid employee of the **Policyholder** who works more than 1,300 hours annually for the **Policyholder** and who is acting within the scope of his employment

SIGNED FOR GERBER LIFE INSURANCE COMPANY

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[President and CEO] 9

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GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605] 1

Name of Policyholder: [ABC Widget, Emergency Services] 2
Additional Policyholder(s): [ABC Widget, Fire Rescue] 3


Policy Number: [123456] 4	Effective Date: [February 1, 2006] 5	Rider Number: [123456] 6
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This schedule is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This schedule ends concurrently with the **Policy** to which it is attached.

SCHEDULE OF POLICYHOLDERS

[Policyholder Name(s)] 7

SIGNED FOR GERBER LIFE INSURANCE COMPANY

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[President and CEO] 9

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Name of Policyholder: [ABC Widget, Emergency Services] 2
Additional Policyholder: [ABC Widget, Fire Rescue] 3

Policy Number: [123456] 4 **Effective Date:** [February 1, 2006] 5 **Rider Number:** [123456] 6

This Rider is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This Rider ends concurrently with the **Policy** to which it is attached. This Rider is subject to all of the terms, definitions, provisions and limitations and exceptions of the **Policy**, except where changed by this Rider. If there is a conflict between the **Policy** and this Rider, the terms of the Rider will govern.

ORGANIZED TEAM SPORTS BENEFIT RIDER

Organized Team Sports Benefit [as defined Sports Team]

A. Accidental Death, Dismemberment or Loss of Sight	Principal Sum	[\$50,000] 7
B. Medical Expense	Maximum	[\$25,000] 8
	Deductible	[\$100] 9
C. Weekly Disability	Per Week	[\$600] 10
	Up to	[52] Weeks 11
	Waiting Period	[7] Days 12

We will pay the benefits described below if an **Insured Person** suffers a **Sports Injury** that occurs while coverage under this Rider is in force.

Sports Injury means accidental bodily injury sustained during and directly resulting from an organized game or practice of a **Sports Team**, or while traveling directly to or from such game or practice that directly and independently causes a loss to the **Insured Person**. **Sports Injury** does not include: (1) **Sickness**; (2) **Cardiac Malfunction**; nor (3) bodily injury triggered by or related to any known or previously diagnosed pre-existing heart or circulatory condition.

Sports Team means a team officially recognized, sponsored, authorized, or supervised by the **Participating Organization**, provided that it is a part of, or competes under the sponsorship of, an established amateur athletic league, by whatever name called.

A. Accidental Death and Dismemberment or Loss of Sight

If **Sports Injury** to an **Insured Person** results in loss of his life, **We** will pay the Principal Sum scheduled above. If **Sports Injury** to an **Insured Person** results in any one of the other losses listed below, **We** will pay a percentage of the Principal Sum of this Rider for that loss as listed below:

For "Loss" of:	% of Principal Sum
One Arm	75%
One Leg	75%
One Hand	50%
One Foot	50%
Entire Sight of One Eye	50%

"Loss" means, with reference to the hand or foot, the complete severance through or above the wrist or ankle joint; and with reference to the arm or leg, the complete severance through or above the elbow or knee joint. Loss of sight means the total and irrecoverable loss of sight.

If the **Insured Person** suffers more than one covered **loss** as a result of any one accident, multiple benefits under “A” of this Rider will be paid to the extent that one benefit does not duplicate another benefit of the **Policy**.

For example, if an **Insured Person** loses an arm in an accident, we will pay for “Loss of One Arm” but not for “Loss of One Hand.” If the **Insured Person** loses an arm and, in the same accident, is blinded in one eye, we will pay for “Loss of One Arm” and “Loss of Entire Sight in One Eye.” However, under no circumstances, will we pay more than 100% of the Principal Sum for this Rider for all covered losses resulting from any one accident.

B. Medical Expense

If, as the result of a **Sports Injury**, and beginning within 90 days of the date the **Sports Injury** occurred, an **Insured Person** is required to: (1) receive treatment from a **Physician**; (2) be confined in a **Hospital**; (3) receive the services of a licensed nurse upon the recommendation of a **Physician**; or (4) receive **Home Health Care**, **We** will pay the **Reasonable and Customary Expense** incurred for such services.

We will not pay more than the Medical Expense Maximum Benefit for this Rider. **We** will not pay for any expenses incurred more than 52 weeks after the date that the **Sports Injury** occurred. **We** will only pay for those expenses that are in excess of the Medical Expense Deductible for this Rider.

C. Weekly Disability

We will pay the Disability Benefit for this Rider if the **Insured Person** becomes **Totally Disabled** within 30 days after the date the **Sports Injury** occurred. **We** will pay the Disability Benefit for each week that the **Insured Person** remains **Totally Disabled** but not for more than the number of weeks for this Rider. For any benefit provided for less than a week, **We** will pay one-seventh (1/7) of the Disability Benefit for this Rider for each full day the **Insured Person** is **Totally Disabled**. The Waiting Period for this Rider begins on the date that the **Sports Injury** occurred and ends after the number of days have expired. **We** will not pay any benefits during the Waiting Period.

SIGNED FOR GERBER LIFE INSURANCE COMPANY



[President and CEO] 14

13

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605] 1

Name of Policyholder: [ABC Widget, Emergency Services] 2
Additional Policyholder: [ABC Widget, Fire Rescue] 3

Policy Number: [123456] 4 **Effective Date:** [February 1, 2006] 5 **Rider Number:** [123456] 6

This Rider is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This Rider ends concurrently with the **Policy** to which it is attached. This Rider is subject to all of the terms, definitions, provisions and limitations and exceptions of the **Policy**, except where changed by this Rider. If there is a conflict between the **Policy** and this Rider, the terms of the Rider will govern.

WEEKLY HOSPITAL INDEMNITY BENEFIT RIDER


Weekly Hospital Indemnity Benefit	Per Week [\$600] 7
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We will pay a weekly hospital indemnity benefit if:

- (1) benefits are also payable under Part VI or Part VII of the **Policy**; and
- (2) the **Insured Person** requires **Hospital** confinement for any **Injury** or **Sickness**.

This benefit starts on the first day the **Insured Person** is confined in a **Hospital**. **We** will pay one-seventh (1/7) of the weekly benefit for this Rider for each day of confinement. **We** will not pay for more than 104 weeks as a result of any one **Injury** or **Sickness**.

SIGNED FOR GERBER LIFE INSURANCE COMPANY

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[President and CEO] 9 8

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605] ¹

Policyholder: [ABC Widget, Emergency Services] ²

Additional Policyholder(s): [ABC Widget, Fire Rescue] ³

Policy Number:
[123456] ⁴

Effective Date:
[February 1, 2006] ⁵

Rider Number:
[123456] ⁶

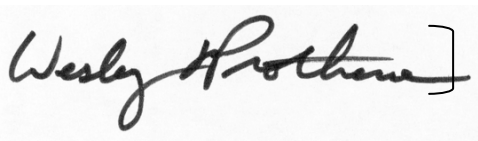
This Rider is issued in consideration of the completed Application and payment of the premium when due. It is attached to and made part of the **Policy**. This Rider ends concurrently with the **Policy** to which it is attached. This Rider is subject to all of the terms, definitions, provisions and limitations and exceptions of the **Policy**, except where changed by this Rider. If there is a conflict between the **Policy** and this Rider, the terms of the Rider will govern.

ADDITIONAL WEEKLY DISABILITY BENEFIT RIDER

Additional Weekly Disability Benefit	Per Week	[\$600]
⁷		

If an **Insured Person** becomes **Totally Disabled** and is eligible for benefits under Part VI or Part VII of the **Policy**, **We** will pay an additional weekly disability benefit. **We** will pay this benefit for the first week the **Insured Person** is **Totally Disabled**. For less than 1 week, **We** will pay one-seventh (1/7) of the weekly benefit for this Rider for each full day of **Total Disability**. **We** will pay this in addition to any other weekly benefit payable under the Policy.

SIGNED FOR GERBER LIFE INSURANCE COMPANY

[] ⁸
[President and CEO] ⁹

GERBER LIFE INSURANCE COMPANY
[1311 MAMARONECK AVE., WHITE PLAINS, NEW YORK 10605] 1

Name of Policyholder: [ABC Widget, Emergency Services] 2
Additional Policyholder(s): [ABC Widget, Fire Rescue] 3

Policy Number: [123456] 4	Effective Date: [February 1, 2006] 5	Rider Number: [123456] 6
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ENDORSEMENT

This endorsement is attached to and made a part of the **Policy**. This endorsement ends concurrently with the **Policy** to which it is attached. This endorsement is subject to all of the terms, definitions, provisions, limitations and exceptions of the **Policy**, except where changed by the endorsement. If there is a conflict between the **Policy** and this endorsement, the terms of this endorsement will govern.

[Change of Policyholder(s) name(s)
Change of address
Addition of coverage or rider
Deletion of coverage or rider
Increase in benefit limit(s)
Decrease in benefit limit(s)] 7

SIGNED FOR GERBER LIFE INSURANCE COMPANY

[] 8

[President and CEO] 9

GERBER LIFE INSURANCE COMPANY

READABILITY CERTIFICATION

I certify that the forms listed on the attached page(s) meet the standards of your State's Readability Laws.

GERBER LIFE INSURANCE COMPANY



Signature

Robert Lodewick

Name

Vice President/General Counsel

Title

6/25/2008

Date

GERBER LIFE INSURANCE COMPANY

Flesch Scores from forms submitted with this filing are:

<u>Form No.</u>	<u>Flesch Score</u>
GL-BA-08-P	45
GL-BA-08-AWDB-R	47
GL-BA-08-AMB-R	50
GL-BA-08-CP-R	45
GL-BA-08-FAMB-R	53
GL-BA-08-OTSB-R	49
GL-BA-08-WHIB-R	53
GL-BA-08-END	45
GL-BA-08-SOP	52
GL-BA-08-MB-R	46

GERBER LIFE INSURANCE COMPANY
Statement of Variable Language for
Special Risk Blanket Insurance Rider GL-BA-08-AM-R

Language that is bracketed in the form is intended to be variable. Below is an explanation of those variables.

Provision/Title	Variable #	Description of Variable
Face Page	1	Company address may change
	2	Policyholder – John Doe Information
	3	Additional Policyholder(s) – John Doe Information
	4	Policy Number – John Doe Information
	5	Effective Date – John Doe Information
	6	Rider Number – John Doe Information
	7	Accidental Death, Dismemberment, Loss of sight, speech or hearing – injury only – varies by case Maximum \$25,000
	8	Medical expense – injury only varies by case Maximum \$10,000
	9	Total Disability Injury only – varies by case Maximum \$300
	10	President may change
	11	Title may change

GERBER LIFE INSURANCE COMPANY
Statement of Variable Language for
Special Risk Blanket Insurance Rider GL-BA-08-AWDB-R

Language that is bracketed in the form is intended to be variable. Below is an explanation of those variables.

Provision/Title	Variable #	Description of Variable
Face Page	1	Company address may change
	2	Policyholder – John Doe Information
	3	Additional Policyholder(s) – John Doe Information
	4	Policy Number – John Doe Information
	5	Effective Date – John Doe Information
	6	Rider Number – John Doe Information
	7	Weekly benefit varies by case Maximum \$600
	8	President may change
	9	Title may change

GERBER LIFE INSURANCE COMPANY
Statement of Variable Language for
Special Risk Blanket Insurance Rider GL-BA-08-CP-R

Language that is bracketed in the form is intended to be variable. Below is an explanation of those variables.

Provision/Title	Variable #	Description of Variable
Face Page	1	Company address may change
	2	Policyholder – John Doe Information
	3	Additional Policyholder – John Doe Information
	4	Policy Number – John Doe Information
	5	Effective Date – John Doe Information
	6	Rider Number – John Doe Information
	7	President may change
	8	Title may change

GERBER LIFE INSURANCE COMPANY
Statement of Variable Language for
Special Risk Blanket Insurance Rider GL-BA-08-END-R

Language that is bracketed in the form is intended to be variable. Below is an explanation of those variables.

Provision/Title	Variable #	Description of Variable
Face Page	1	Company address may change
	2	Policyholder – John Doe Information
	3	Additional Policyholder – John Doe Information
	4	Policy Number – John Doe Information
	5	Effective Date – John Doe Information
	6	Rider Number – John Doe Information
	7	Policy Change – John Doe Information – policy changes such as: change in policyholder name(s), change of address, addition of coverage or rider, deletion of coverage or rider, increase in benefit limit(s), decrease in benefit limit(s)
	8	President may change
	9	Title may change

GERBER LIFE INSURANCE COMPANY
Statement of Variable Language for
Special Risk Blanket Insurance Rider GL-BA-08-MB-R

Language that is bracketed in the form is intended to be variable. Below is an explanation of those variables.

Provision/Title	Variable #	Description of Variable
Face Page	1	Company address may change
	2	Policyholder – John Doe Information
	3	Additional Policyholder – John Doe Information
	4	Policy Number – John Doe Information
	5	Effective Date – John Doe Information
	6	Rider Number – John Doe Information
	7	Name of covered emergency service department(s)
	8	President may change
	9	Title may change

GERBER LIFE INSURANCE COMPANY
Statement of Variable Language for
Special Risk Blanket Insurance Policy GL-BA-08-NY
(May 1, 2008)

Language that is bracketed in the form is intended to be variable. Below is an explanation of those variables.

Page #	Provision/Title	Variable #	Description of Variable
P-1	Face Page	1	Company address may change
		2	Policyholder – John Doe Information
		3	Additional Policyholder – John Doe Information
		4	Policy Number – John Doe Information
		5	Policy Effective Date – John Doe Information
		6	Policy Expiration Date – John Doe Information
		7	President may change
		8	Secretary may change
		9	Titles may change
P-3	Schedule	1	Policyholder – John Doe Information
		2	Policy Number – John Doe Information
		3	Additional Policyholder(s) - John Doe Information
		4	Premium – Varies by case based on benefits requested
		5	Address – John Doe Information
		6	Policy Term – Varies by case
	Benefits – Part I A	7	Varies by case - Range 0 - \$250,000
	Benefits – Part I B	8	Varies by case - Range 0 - \$250,000
	Benefits – Part I C	9	Varies by case - Range 0 - \$62,500
	Benefits – Part I D	10	Varies by case - Range 0 - \$1,000
	Benefits – Part II	11	Varies by case - Range 0 - \$250,000
	Benefits – Part III	12	Varies by case - Range 0 - \$250,000
	Benefits – Part IV A	13	Varies by case - Range 0 - \$150,000
	Benefits – Part IV B	14	Varies by case - Range 0 - \$10,000
	Benefits – Part V A	15	Varies by case - Range 0 - \$150,000
	Benefits – Part V B	16	Varies by case - Range 0 - \$10,000
	Benefits – Part VI A	17	Varies by case - Range 0 - \$600
	Benefits – Part VI B	18	Varies by case - Range 0 - \$600
	Benefits – Part VII A	19	Varies by case - Range 0 - \$600
	Benefits – Part VII B	20	Varies by case - Range 0 - \$600
	Benefits – Part VIII	21	Varies by case - Range 0 - \$10,000
	Benefits – Part IX A	22	Varies by case - Range 0 - \$5,000
	Benefits – Part IX B	23	Varies by case - Range 0 - \$5,000
	Benefits – Part IX C	24	Varies by case - Range 0 - \$1,000
P-4	Schedule continued		
	Benefits - Part X A	25	Varies by case – Range 0 - \$1,000
	Benefits – Part X B	26	Varies by case - Range 0 - \$200
	Benefits – Part XI A	27	Varies by case - Range 0 – \$62,500
	Benefits – Part XI B	28	Varies by case - Range 0 - \$62,500
	Benefits – Part XII	29	Varies by case - Range 0 - \$30.00 per day
	Benefits – Part XII	30	Varies by case – Range 1 week – 26 weeks
	Benefits – Part XIII	31	Varies by case - Range 0 - \$20,000
	Benefits – Part XIV	32	Varies by case - Range 0 - \$500 per month
	Benefits – Part XIV	33	Varies by case - Range 0 - \$6,000
	Benefits – Part XV A	34	Varies by case - Range 0 - \$10,000
	Benefits – Part XV B	35	Varies by case – Range 0 - \$10,000

GERBER LIFE INSURANCE COMPANY
Statement of Variable Language for
Special Risk Blanket Insurance Rider GL-08-OTSB-R

Language that is bracketed in the form is intended to be variable. Below is an explanation of those variables.

Provision/Title	Variable #	Description of Variable
Face Page	1	Company address may change
	2	Policyholder – John Doe Information
	3	Additional Policyholder(s) – John Doe Information
	4	Policy Number – John Doe Information
	5	Effective Date – John Doe Information
	6	Rider Number – John Doe Information
	7	Varies by case - i.e. basketball, softball, tennis, golf
	8	Accidental Death, Dismemberment, Loss of Sight - Varies by case Maximum \$50,000
	9	Medical Expense - Varies by case Maximum \$25,000
	10	Medical Expense Deductible - Varies by case Maximum \$100
	11	Weekly Disability - Varies by case Maximum \$600
	12	Number of Weeks - Varies by case Maximum 52 Weeks
	13	Waiting Period - Varies by case Maximum 7 Days
	14	President may change
	15	Title may change

GERBER LIFE INSURANCE COMPANY
Statement of Variable Language for
Special Risk Blanket Insurance Policy GL-BA-08-P
(May 1, 2008)

Language that is bracketed in the form is intended to be variable. Below is an explanation of those variables.

Page #	Provision/Title	Variable #	Description of Variable
P-1	Face Page	1	Company address may change
		2	Policyholder – John Doe Information
		3	Additional Policyholder – John Doe Information
		4	Policy Number – John Doe Information
		5	Policy Effective Date – John Doe Information
		6	Policy Expiration Date – John Doe Information
		7	President may change
		8	Secretary may change
		9	Titles may change
P-3	Schedule	1	Policyholder – John Doe Information
		2	Policy Number – John Doe Information
		3	Additional Policyholder(s) - John Doe Information
		4	Premium – Varies by case based on benefits requested
		5	Address – John Doe Information
		6	Policy Term – Varies by case
	Benefits – Part I A	7	Varies by case - Range 0 - \$250,000
	Benefits – Part I B	8	Varies by case - Range 0 - \$250,000
	Benefits – Part I C	9	Varies by case - Range 0 - \$62,500
	Benefits – Part I D	10	Varies by case - Range 0 - \$1,000
	Benefits – Part II	11	Varies by case - Range 0 - \$250,000
	Benefits – Part III	12	Varies by case - Range 0 - \$250,000
	Benefits – Part IV A	13	Varies by case - Range 0 - \$150,000
	Benefits – Part IV B	14	Varies by case - Range 0 - \$10,000
	Benefits – Part V A	15	Varies by case - Range 0 - \$150,000
	Benefits – Part V B	16	Varies by case - Range 0 - \$10,000
	Benefits – Part VI A	17	Varies by case - Range 0 - \$600
	Benefits – Part VI B	18	Varies by case - Range 0 - \$600
	Benefits – Part VII A	19	Varies by case - Range 0 - \$600
	Benefits – Part VII B	20	Varies by case - Range 0 - \$600
	Benefits – Part VIII	21	Varies by case - Range 0 - \$10,000
	Benefits – Part IX A	22	Varies by case - Range 0 - \$5,000
	Benefits – Part IX B	23	Varies by case - Range 0 - \$5,000
	Benefits – Part IX C	24	Varies by case - Range 0 - \$1,000
P-4	Schedule continued		
	Benefits - Part X A	25	Varies by case – Range 0 - \$1,000
	Benefits – Part X B	26	Varies by case - Range 0 - \$200
	Benefits – Part XI A	27	Varies by case - Range 0 - \$250,000
	Benefits – Part XI B	28	Varies by case - Range 0 - \$3,500
	Benefits – Part XII	29	Varies by case - Range 0 - \$62,500
	Benefits – Part XIII	30	Varies by case – Range 0 - \$30.00 per day
	Benefits – Part XIII	31	Varies by case - Range 1 week - 26 weeks
	Benefits – Part XIV	32	Varies by case - Range 0 - \$20,000
	Benefits – Part XV	33	Varies by case - Range 0 - \$500 per month
	Benefits – Part XV	34	Varies by case - Range 0 - \$6,000
	Benefits – Part XVI	35	Varies by case - Range 0 - \$10,000
	Benefits – Part XVI	36	Varies by case - Range 0 - \$10,000

GERBER LIFE INSURANCE COMPANY
Statement of Variable Language for
Special Risk Blanket Insurance Rider GL-BA-08-SOP-SOVL

Language that is bracketed in the form is intended to be variable. Below is an explanation of those variables.

Provision/Title	Variable #	Description of Variable
Face Page	1	Company address may change
	2	Policyholder – John Doe Information
	3	Additional Policyholder – John Doe Information
	4	Policy Number – John Doe Information
	5	Effective Date – John Doe Information
	6	Rider Number – John Doe Information
	7	Policyholder(s) – John Doe Information
	8	President may change
	9	Title may change

GERBER LIFE INSURANCE COMPANY
Statement of Variable Language for
Special Risk Blanket Insurance Rider GL-BA-08-WHI-R

Language that is bracketed in the form is intended to be variable. Below is an explanation of those variables.

Provision/Title	Variable #	Description of Variable
Face Page	1	Company address may change
	2	Policyholder – John Doe Information
	3	Additional Policyholder(s) – John Doe Information
	4	Policy Number – John Doe Information
	5	Effective Date – John Doe Information
	6	Rider Number – John Doe Information
	7	Varies by case – Maximum \$600
	8	President may change
	9	Title may change

June 25, 2008

Re: Gerber Life Insurance Company (GLIC)
Group Health Insurance
NAIC #: 70939

We are enclosing for your Department's approval, a new group policy form, 7 riders, 1 endorsement, 1 schedule, and 1 application. These forms do not replace any forms previously filed or approved by your Department. Please see the chart below for more information.

Form Title	Form Number
Special Risk Blanket Insurance Policy	GL-BA-08-P
Additional Weekly Disability Benefit Rider	GL-BA-08-AWDB-R
Auxiliary Member Benefit Rider	GL-BA-08-AMB-R
Career Personnel Rider	GL-BA-08-CP-R
Full Auxiliary Member Benefit Rider	GL-BA-08-FAMB-R
Municipality Benefit Rider	GL-BA-08-MB-R
Organized Team Sports Benefit Rider	GL-BA-08-OTSB-R
Weekly Hospital Indemnity Benefit Rider	GL-BA-08-WHIB-R
Policy Change Endorsement	GL-BA-08-END-R
Schedule of Policyholders	GL-BA-08-SOP
Application for Blanket Accident and Sickness Insurance	GL-BA-08-APP

Group Policy Form, GL-BA-08-P

This Blanket Accident and Sickness group policy form was designed to be issued to Emergency Service Organizations (ESO) that would like to provide coverage for various members of the Policyholder(s) group that participates in covered activities as defined by the policy form. If the policyholder(s) opts for it, coverage includes a range of medical and family expense benefits.

Required Enclosures

Please find enclosed all 11 forms mentioned above as well as rates and the Actuarial Memorandum and Statements of Variable language. Please keep confidential those portions of the Actuarial information as permitted by state law.

I hope this information is satisfactory and that we may receive your Department's approval of the enclosed forms at your earliest convenience. Please contact Shana Beckford at 914-272-4069 or via email at shana.beckford@gerber.com if you have any questions or comments in this regard.

Sincerely,

A handwritten signature in black ink, appearing to read "Shana Beckford". The signature is fluid and cursive, with the first name "Shana" written in a stylized, elongated script, and the last name "Beckford" written in a more standard cursive style.

Shana Beckford
Compliance Manager
Legal Department